

OFFICE OF POPULATION CENSUSES AND SURVEYS
SOCIAL SURVEY DIVISION

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Prolonged sickness and the return to work

An enquiry carried out on behalf of the
Department of Health and Social Security

Jean Martin
Margaret Morgan

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Prolonged sickness and the return to work

An enquiry carried out in 1972/3 for the Department of Health and Social Security of the circumstances of people who have received incapacity benefits for between a month and a year, and the factors affecting their return to work.

Jean Martin
Margaret Morgan

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The report is attributed to two research officers because they were both responsible for the survey at different stages. The survey was planned and the questionnaire designed by Margaret Morgan, while Jean Martin carried out the analysis and wrote the report.

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Notes on tables

1. Percentages are rounded to the nearest whole number. Percentages of less than 0.5 per cent are shown by an asterisk (*).
2. Percentages may add to slightly more or less than 100 because of rounding. The total is still shown as 100.
3. Where informants can appear more than once in the same table, for example if they give more than one answer to a question, percentages may add to more than 100. In these cases the total percentage is omitted.
4. Bases of less than 30 were considered too small to percentage. The unpercentage figures are shown in brackets where this occurs.

Summary

Chapter 1 Purpose and design of the survey

This survey was carried out in 1972/3 on behalf of the Department of Health and Social Security. It aims by comparing groups of people who had been off sick for one, three, six and twelve months respectively to identify factors associated with increasing length of illness and the prospects of returning to work after illness.

Part I: Description

Chapter 2 Description of the samples

We examined some of the characteristics of informants in the four main samples and found several which differed consistently across the samples, and which therefore appear to relate to length of illness. We found that the longer term sick were more likely than the shorter term sick to be older, male, suffering from a disease of the circulatory system, to have a previous history of illness, to have been unemployed or in an unskilled manual job before illness, and to have no training or qualifications. We also compared the characteristics of informants who were still sick after a given period of time with those who were no longer sick and found they also differed in respect of most of the characteristics mentioned above. Thus at the beginning of an illness we have some idea of whether a person is likely to return to work after a month or to remain sick for a year.

Chapter 3 Household circumstances

We found that the longer term sick were rather more likely than the shorter term sick to be married, but were less likely to have dependent children. Presumably this is because they tend to be older. For the same reason we would have expected a higher proportion of the longer term sick to be owner occupiers, but they did not differ in this respect from the shorter term sick. All our samples were less likely than the general population to be owner occupiers and more likely to be council tenants. The longer term sick were less likely than the shorter term to have a car or a telephone.

The majority of married men said that their wives' employment (or non-employment) had not been affected by their illness, but more of the longer term sick said there had been an effect, often of the wife stopping work completely. However, between 55% and 61% of the wives did not work at all and so would be available to look after their husbands if necessary. More married women in the longer term samples said that their husbands' work had been affected by their illness than in the shorter term samples, but the effects were not great; usually the husband had had to take a small amount of time off to look after his wife or children, but this was rarely more than a few days.

Part II: Financial circumstances

Chapter 4 Changes in financial circumstances due to illness

Before their illness started informants who were to become the longer term sick were worse off financially than those who were to become the shorter term sick. As far as we can tell this is because of differences in average earnings over the time period covered, but differences in the characteristics of informants in the different samples in terms of type of job, sex, marital status, number of dependants and age may also be relevant.

Most informants had a lower income while they were ill than before their illness began. Those whose incomes had been highest before their illness began had the largest changes in income, but in general the longer term sick were worse off financially than the shorter term sick. The main reason for this was that they were less likely to be receiving or to have received sick pay from their employers. We found that this source of income was a major determinant of income during illness. We looked at how informants' incomes had changed over the course of their illnesses to see whether the longer term sick were worse off at the beginning of their illness or whether they had become worse off as their illness progressed. The changes occurring as a function of time were generally small in contrast to the size of the differences in income between the samples.

We asked informants who had returned to work after illness whether their earnings had been affected by their illness. A minority had been affected, but the longer term sick were more likely to have been affected than the shorter term sick.

Chapter 5 Receipt of sick pay from employers

47% of informants in the one month sample who had been employed immediately prior to their illness received sick pay from their employers at some time during their illness compared with 21% of the twelve months sample. Clearly this finding is not directly related to length of illness, but when we examined other factors which might relate to whether a person received sick pay we found that people in less skilled jobs and people with the lowest incomes before their illness started were less likely to receive sick pay. There are proportionately more of such informants among the longer than the shorter term sick. However, we also found that younger people and women were less likely to receive sick pay, which does not relate to differences in the characteristics of informants in the different samples.

As one might expect, informants who expected to return or who had returned to the same employer were more likely to have received sick pay than other informants. Thus informants who are best off financially while they are sick because they receive sick pay are also likely to find it easiest to return to work because they have a job to go to. The average amount of sick pay people received ranged from £10.00 to £10.80, most being received by informants with the highest incomes before they became ill. Sick pay formed at least 40% of income during illness for more than half the informants who received sick pay.

Chapter 6 Notional supplementary benefit assessments

We used notional supplementary benefit assessments to give a measure of income independent of factors such as family size, housing costs etc., enabling us to compare the effective incomes of people in different circumstances. Using this measure we found that the two shorter term sick samples were better off than the longer term samples. Informants with children were worse off than those who had none, and in the two shorter term samples those with three or more children were worst off. People in the one month sample with higher level jobs were better off than those in less skilled jobs, but this relationship disappeared by the twelve months sample. It seems to be due to the relationship between type of job and likelihood of receiving sick pay, which decreased across the samples. People receiving sick pay had much higher assessments than those who did not.

We looked at whether any informants who had returned to work after illness appeared to be eligible for a family income supplement; very few seemed eligible. We compared the results for the FIS calculations with the notional supplementary benefit assessments for the same people. The results agreed quite closely, the main discrepancies occurring where people's gross and net incomes were very different.

Chapter 7 How sick people manage financially

Proportions of informants ranging from 42% of the one month sample to 66% of the twelve months sample said they had found it difficult to manage financially. Their opinions of how they managed were strongly related to their incomes during illness, their supplementary benefit assessments and whether they had received sick pay from their employer. When we looked at the characteristics of people who had found it difficult to manage financially we found a similar picture to that for people on low incomes and with low supplementary benefit assessments. We asked people how they had managed and found that many had cut down on luxuries such as entertainment or smoking, but many also had cut down their spending on food and clothes.

Despite the longer term sick being generally older only a few more of them had savings than of the shorter term sick. However, significantly more said they had had to use their savings while they were ill and they had used up greater amounts of money.

Of the informants with financial difficulties a higher proportion of the longer than the shorter term sick were either already receiving supplementary benefit or had applied for it. Those who said their application had been refused had generally been told their resources were over the limit. Those who had not applied frequently said they did not think they would be eligible, but some were deterred by the procedure or considered an application to be begging.

Almost three quarters of all informants had regular financial commitments other than on the basic necessities of food and housing, the majority spending more than £1 a week. Life insurance was the most common commitment, but hire purchase, clothing club payments and television rental were also frequently mentioned.

Chapter 8 Expenses due to illness

Proportions of informants ranging from 80% in the one month sample to 94% in the twelve months sample had taken medicine for their illness. The majority of the shorter term sick paid for each item of medicine but about half those people in the twelve months sample were exempt from payment or paid by 'season ticket'. About half of all informants had other expenses due to their illness and nearly half of these were paying over £1 a week for them. Thus the majority of informants had some expenses due to their illness and almost 30% in all samples were paying over £1 a week altogether.

Chapter 9 Attitudes to the 'loss' experienced by the long term sick

An additional payment, (invalidity allowance), is made to people receiving invalidity benefit if their illness began more than five years before retiring age, younger people receiving more than older people. The majority of our informants thought that all people who had been sick the same length of time should receive the same amount of benefit, regardless of their age. About half also thought sick people of the same age should receive the same amount if they had been sick for 6 months or five years, although between 32% and 39% thought someone who was sick for 5 years should get more. About half the shorter term sick but somewhat less of the longer term sick thought all should get the same as time goes on, but just over 40% thought people should get more as their illness lengthened. The reasons informants gave for their answers showed little appreciation of the concept of 'loss' which governs the additional age-related benefit; they were more preoccupied with the practical problems of coping financially during illness.

Part III: Contact with health and social services

Chapter 10 Contact with health services

The shorter term sick saw their GP more often than the longer term sick, and the length of time for which certificates were given corresponded fairly closely with frequency of visits to the GP, although some informants saw their GP before they needed another certificate. The majority of informants in all samples had visited a hospital at some time during their spell of illness, either as inpatients or outpatients. Some had not visited a hospital during this spell but had done so when they had been ill with the same complaint on a previous occasion. 20% of the one month sample and 6% of the other three samples had seen no doctor other than their GP.

We asked informants in the one and three months samples how long they had had to wait for various kinds of medical attention. Although a significant proportion of informants in both these samples had had to wait for at least four weeks for inpatient treatment (27% and 17% respectively) some of these people would have still been at work while they were waiting. First appointments to see a consultant at outpatients were most likely to involve a wait, probably as this was the first contact most informants had with the hospital. Few informants had to wait more than a week for tests or treatment as outpatients.

We asked informants what they thought in general of the medical treatment they had received. The majority (87% to 83%) said they were satisfied or very satisfied. Between 10% and 18% said there had been avoidable delays in their treatment, most frequently in obtaining their first appointment with a consultant.

Chapter 11 Contact with social services

We found most informants had heard of eight social services which might be used by sick people, but fewer had heard of council social workers and day centres for the handicapped than of the other services we mentioned. Not many informants had received help or advice from any of the services, the proportions ranging from 6% of the one month sample to 24% of the twelve months sample, who would be expected to have the greatest need of the services.

Of informants with children at school who said they were finding difficulty managing financially, increasing proportions across the four samples were receiving free school meals for their children. Most of those who had not applied for them thought they would not be eligible or did not wish to apply.

Informants were asked whether anything else could be done to help, apart from any services they were already receiving. Between 6% and 10% said they wanted some help, frequently someone to visit rather than any specific help. People living alone were more likely than others to say they needed help.

Part IV: Returning to work

Chapter 12 Prospects of return to work

35% of the twelve months sample had been told definitely by their doctors that they would not be able to work again, compared with 1% of the one month sample. These people were more likely than other informants to be male, aged 50 or over, with a previous history of their illness, and to have a disease of the circulatory system. The shorter term sick were not only more likely to be able to work again but were more likely to have been working immediately before their illness and to be expecting to return to the same job. The longer term sick were less likely to have their jobs kept open, and even if they had, they were less likely to expect to return to the same employer or to the same type of work, often because it was too physically demanding. This implies that there is scope for employers to help people return to work after illness by keeping their jobs open or trying to find them alternative work, although we realise the difficulties employers face in the present economic situation. Thus of the twelve months sample who might work again, 80% would have to find another job compared with 28% of the one month sample. In addition to length of illness, past history of illness and how valuable a person is to his employer in terms of how skilled his job is and whether he has any training or qualifications also influenced whether his job is kept open.

Chapter 13 The return to work of those no longer sick

Of the informants who were no longer sick when interviewed, higher proportions of the longer term sick were unemployed both before and after their illness. Of informants who had returned to work, the longer term sick were less likely to have returned either to the same employer or to the same type of work as before their illness. A higher proportion said this was because their previous job was too heavy than said that their job was not kept open for them.

Chapter 14 Medical advice about returning to work

About a third of sick informants who might return to work said their doctor had discussed difficulties they might face in returning. However, some informants may well have been too ill for such discussions to be appropriate. Whether the doctor had discussed difficulties did not seem to be related to whether the informant expected to return to the same job or would have to find another one, but men were more likely to have discussed difficulties with their doctors than women, and people in professional or managerial jobs were more likely to have done so than those in other non-manual jobs. Higher proportions of informants who were no longer sick had talked with their doctors about the difficulties of returning to work than of sick informants; this was particularly true of the longer term sick, but if anything those who returned to a different employer or became unemployed were less likely to have done so than those who returned to the same employer, even though the former were more likely to encounter difficulties.

Chapter 15 Arrangements made by employers to help return to work

Between 10% and 19% of employers of sick informants had suggested something to make it easier for them to return to work, more among people in light or non-manual jobs. Of course more employers may suggest arrangements when return to work becomes imminent. From 19% to 35% of sick informants would like their employer to do something to make it easier for them to return, the higher proportion being amongst the twelve months sample.

Over 30% of these informants thought their employers would make the arrangements they wanted. The arrangements most often mentioned were lighter work and shorter hours. Informants generally did not think the people they worked with would have any objections to such arrangements.

Among informants who had returned to the same employer the longer term sick were more likely to have been offered arrangements by their employer to facilitate their return than were the shorter term sick, although it must be remembered that these are employers who have kept informants' jobs open longest. Only 11% to 14% of these informants wanted something done to help them which had not already been offered.

Chapter 16 Contact with employment services

Between 16% and 21% of sick informants who expected to return to work but not to their previous employer had been in touch either with their local employment exchange (employment office) or Disablement Resettlement Officer at the time of their interview. The majority said they had not received any help or advice, but a few had been advised to apply to an industrial rehabilitation unit (employment rehabilitation centre), or were being helped to find a job. However, about half these informants said they did not want any help yet. About 20% of other informants who may have to find another job also said they needed help or advice about work. Between 37% and 58% of informants who had returned to a different employer or become unemployed had been in contact with services provided by the Department of Employment, but many of these informants said they would have liked more advice about work. Most of those who had not been in touch with the DE did not want any help or advice.

Chapter 17 Attitudes to return to work

We found a decrease from the one to the twelve months sample in the proportion of informants who would prefer to be at home rather than at work if they were well and had enough money to live on. Those who would prefer to be at home were mainly people nearing retiring age or women who wanted more time for their families or domestic tasks. We looked at how satisfied informants were with the job they were doing before they became sick, as this might have a bearing on how soon they returned to work, but we found no difference in job satisfaction between the four samples. However, there was some tendency for sick informants in the two shorter term samples to be more satisfied than those no longer sick, whereas in the two longer term samples the reverse was the case. Informants who were expecting to return or who had returned to the same employer were much more satisfied than those who had returned or who were expecting to return to a different employer. We found no relation between job satisfaction and whether informants would prefer to be at home or at work. The most important reason determining how soon a person who has been sick returned to work was thought by all samples to be drop in income during illness, followed by fear of losing one's job and boredom at home.



Chapter 1 Purpose and design of the survey

1.1 Background to the survey

Official statistics kept by the Department of Health and Social Security show that, taking into account changes in the size and age structure of the insured population, between 1954/55 and 1968/69 the level of absence from work due to sickness rose by 26% for men and 11% for women. This increase in the total number of days of incapacity was particularly due to the increasing number of longer spells of sickness, i.e. those lasting 3 months or more. Increasing proportions of the labour force were ceasing work, temporarily or permanently, before retiring age on account of sickness and disability. The Department of Health and Social Security was concerned about this trend and was interested in any information which might help to explain it. In 1972 the Social Survey Division of the Office of Population Censuses and Surveys was asked to undertake a survey to investigate the circumstances associated with increasing length of sickness, and in particular to examine the financial and social circumstances of the people concerned and the efforts made by health and social rehabilitation agencies to help them to return to work.

1.2 Purpose and method of enquiry

We needed information which would throw some light on the conditions and circumstances of sick people which might vary as their sickness absence from work stretched over longer periods of time. DHSS was particularly interested in looking at people after one, three, six and twelve months of sickness absence. The longer someone has been sick the smaller are his chances of returning to work and therefore the proportion of people who have been sick for longer than a year who will work again is relatively small, although this is partly because many will have reached retiring age rather than becoming permanently incapable of work due to their illness. Thus it was not thought worth while studying people who had been sick for longer than a year.

We considered two possible methods of obtaining the information required. We could identify a sample of people who had been sick for a month and then follow up those who were still sick after three months, six months and a year, or we could compare four independent samples of people who had been sick for the required lengths of time. The advantage of the first method is that changes in people's circumstances over time can be measured easily and accurately, but there are two major disadvantages. In order to compare the characteristics of groups of people who have been sick for differing lengths of time it is necessary to have sufficient numbers in each of the groups for the type of analysis envisaged. Since only 5% of those sick for four weeks can be expected to be sick after a year, a very large sample would be required initially to produce sufficient people who had been sick for a year. Such a large

sample would be very expensive. The second disadvantage is that taking part in the survey is likely to affect people's behaviour and what happens to them. For example, it is unlikely that someone would have to wait unduly long for medical attention if it were known that he was the subject of a government enquiry into the circumstances of people who are off sick from work. For both these reasons it was decided that the first method was not acceptable.

The advantage of studying independent samples is that comparisons can be made of people with different lengths of illness without having unduly large samples. This method gives an indirect measure of how people's circumstances change over the course of time, but can be supplemented by asking people to give retrospective information about what happened earlier in their spell of sickness. The main disadvantages are the difficulties people face in recalling accurately what happened earlier in their illness and that too few of those sick for six months or a year would have returned to work for comparisons to be made with those who were still sick.

We decided to adopt the independent samples design, but to overcome the problem of having too few people who had returned to work after sickness of six months and a year we included an extra sample of people with a recently terminated spell of incapacity lasting between six months and a year. Although we could not aim to explain directly the increase in length of spells of sickness by means of a survey, as this would have involved studying many complex factors over several years, we hoped, by comparing groups of people with differing lengths of illness, to find factors associated with the change from short term to longer term sickness, with consequent long term dependence on public assistance, financial or other. By comparing people who were still sick with those who had returned to work after similar lengths of illness we aimed to identify factors associated with length of illness and prospects of return to work.

1.3 The samples

The samples were drawn from DHSS local office records of people receiving sickness, invalidity and industrial injury benefit. The sampling is described in detail in Appendix I. The four main samples were of people who were receiving either sickness, invalidity or industrial injury benefit when the samples were drawn and who had been doing so continuously for 4-6 weeks, 10-17 weeks, 22-30 weeks or 46-57 weeks respectively (hereafter referred to as the one month, three months, six months and twelve months samples). The smaller fifth sample consisted of people who had received one of the benefits mentioned above for between 24 and 52 weeks but whose spell of incapacity ended about four weeks before the sample was drawn. People who subsequently retired or died were excluded from this sample.

1.4 Procedure

Before carrying out the main stage of the survey we conducted a pilot study to test the method we hoped to use. The pilot interviewing took place in May 1972. Unfortunately we were not able to pilot the sampling procedure at this stage. Had we been able to do so we might have avoided some of the problems which occurred at the main stage, namely the shortfalls in three of the samples and the problem of informants not actually eligible for inclusion in the sample.

Sampling for the main stage took place during the week of 3rd November 1972. DHSS local office staff completed address slips for all people who were eligible for each sample. These were passed to Sampling Branch who then selected the people to be interviewed. The selected people were sent a letter, shown in Appendix III, which explained the purpose of the survey and asked for their co-operation. There was some non-response at this stage; some people wrote to say they did not want to take part in the survey; in other cases we were informed that the person named had died or was not known at the address to which the letter had been sent. Addresses of all other selected individuals were passed to Field Branch and allocated to interviewers.

Interviewing started on 14th November 1972 and continued until the end of February 1973 with a short break over Christmas. Interviewers were asked to try as far as possible to interview the shorter term sick before the longer term since the former were likely to return to work sooner and we wanted to interview as many as possible while they were still sick. However, in all the four main samples some informants were no longer sick when the interviews were carried out. A slightly different form of the questionnaire was used for these people and also for the fifth sample. The wording of this questionnaire differs somewhat from the questionnaire for sick informants, but the main differences are the inclusion of extra questions about what happened after the illness ended and the exclusion of questions relating to the prospects of return to work. The main questionnaire is shown in Appendix V with the additional questions for informants who were no longer sick when interviewed shown at the end.

Some of the questions shown on the questionnaire have not been covered in this report. There are a number of reasons for this. In some cases the question was answered by too few people for any analysis to be carried out (e.g. questions relating to the self employed). Despite piloting of the questionnaire we found some questions did not provide the information we had hoped for and so they were not used. A few questions were excluded because they did not add anything of importance to the topics already covered in the report.

Before proceeding with an interview, interviewers were instructed to carry out a check on informants' eligibility for inclusion in the appropriate sample, using the form shown in Appendix IV. As a result a significant number had to be excluded because they had not been sick continuously for the required length of time or had not been receiving one of the three benefits mentioned above while they were sick. Losses due to ineligibility are shown in Appendix II, where response rates are given in detail. In summary, the overall rate of successful contact achieved by the interviewers was 85%, but due to the high proportions of ineligible informants and the non-response at the initial letter stage, eligible interviews formed only 74% of the total set sample. The number of people interviewed in each sample were:

one month sample	1085
three months sample	1079
six months sample	1002
twelve months sample	1108
fifth sample	257
	<hr/>
total	6101

We felt that the survey was well received by most people we approached. Many had been at home ill for several months and were very glad to have a visit from an interviewer who was willing to listen to all the problems of being sick for so long. The interviewers found it somewhat more difficult to gain co-operation of people who were back at work, particularly if their illness had ended some time ago as was the case for the fifth sample, but even so the response was generally very good.

1.5 Some reservations

We had aimed for set samples of 1600 for each of the four main samples and 660 for the fifth sample. These figures were based on statistics relating to new claims for previous years. All five samples fell short of these expected levels, but we found that when the statistics for 1971 and 1972 became available the shortfall in the six and twelve months samples could be explained by a drop in the number of new claims from which these samples were drawn. Action was taken to remedy the deficiencies in the one and three months samples but we could not bring the fifth sample up to anywhere near the expected level and as a result only 342 cases were drawn for this sample. With losses due to non-response the number of interviews achieved was only 257. This is such a small proportion of 660 that it may not be a representative sample and the small number of interviews itself limits the amount of analysis that can be carried out. We have therefore included information from the fifth sample only when considering questions relating specifically to what happened to people after their illness, and ask readers to bear in mind our reservations about the representativeness of this sample. We should also point out that the fifth sample is not directly comparable with the other four samples as it does not include people who retired after their illness ended. For this reason it has been used mainly to provide extra information specifically relating to the problems of returning to work. Descriptive tables for this sample are given in Appendix VI.

1.6 Plan of the report

We have divided the report into four parts. The first part describes the main characteristics of our informants and their household circumstances. In the second part we look at their financial circumstances. Thirdly we examine their contact with health and social services and lastly we consider factors which may affect the prospects of their returning to work in the future. In this part we also look at what happened after their illness to those informants who were no longer sick when interviewed.

Part I

Description

Chapter 2 Description of the samples

In this chapter we look first at how the four main samples differ in respect of the principal variables we have used in subsequent analyses. Any differences would appear to be associated with length of sickness, since this is the criterion on which people were selected for these samples. However, some differences may be due to interrelations between the variables themselves rather than direct relationships with length of sickness. We then go on to compare people who were still sick when interviewed with those who were no longer sick. Tables relating to the fifth sample are shown in Appendix VI.

2.1 Age and sex

Table 2.1

Age distribution

(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Under 30	22	15	9	6
30 - 39	16	12	9	7
40 - 49	18	20	18	13
50 - 59	26	31	32	32
60 and over	17	23	32	42
	100	100	100	100

Base:	(1085)	(1079)	(1002)	(1108)
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Table 2.1 gives the age distributions of the four samples and shows that there are more older informants in the longer than in the shorter term samples. This we had expected since it is well known that older people tend to suffer from more severe and longer lasting illness. This means that some of the differences between the samples can partly be attributed to differences in the ages rather than the length of illness of the informants, but we did not find that any of the differences between the samples described in this chapter were wholly attributable to age differences.

Table 2.2 overleaf shows a fairly similar proportion of males and females in the four samples, with a slightly higher proportion of females in the one month sample. We knew at the outset that the age distributions for males and females would be different since they differ in the insured population from which our samples were drawn. Table 2.3 overleaf shows the age distributions for males and females separately.

Table 2.2
Sex distribution
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Male	80	86	85	88
Female	20	14	15	12
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(1085)	(1079)	(1002)	(1108)

Table 2.3
Age distribution for males and females
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%
Under 30	18	42	11	40	6	24	3	26
30 - 39	16	17	12	10	8	14	6	11
40 - 49	19	17	19	20	17	22	13	14
50 - 59	26	23	32	26	32	37	30	47
60 and over	21	1	26	5	37	3	47	2
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(873)	(818)	(824)	(155)	(850)	(152)	(876)	(132)

The small proportion of females in the oldest age group is of course due to women retiring at 60 rather than at 65. The relatively low proportions of women in the middle age groups (30-49) compared to those under 30 or over 50 reflect the proportion of women in these groups in the population who are working and, if they are married, electing to pay the full rate of National Insurance rather than the special rate, since only if they pay the former would they be entitled to sickness benefit.

2.2 Nature of complaints

Next we examine the complaints which were keeping informants off work. We had asked informants to tell us in their own words what was keeping them off work; they did not always know the medical name for their complaint and sometimes gave rather vague descriptions of what was wrong. We attempted to classify the complaints within the main categories of the International Classification of Diseases, but we could not use the cause of the complaint as the basis for classification, as informants were often unable to give us sufficient information and we are more concerned with what was actually keeping the informant off work than with the original cause of this. The only exception we made was in the case of accidents.

If an accident was the immediate cause of the present spell of illness the complaint was coded as an accident; if the complaint was caused by complications of an accident that had occurred in the past we coded the resultant complication. Thus, backache due to damage to the back caused by an accident ten years ago would be classified as backache and assigned to the category 'diseases of bones and organs of movement' rather than to the accident category. Table 2.4 shows the distributions of the complaints keeping informants off work. In view of the preceding discussion it will be apparent that these figures are not comparable with figures obtained by using the diagnosis on a medical certificate and coding the disease according to its cause. It should also be noted that a number of informants said that more than one complaint was keeping them off work. When this happened both were included and so the percentages shown in the table do not add to 100.

Table 2.4
The complaints keeping informants off work
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Infective and parasitic diseases	3	2	2	2
Neoplasms	2	4	4	3
Endocrinal, metabolic and nutritional disorders	1	2	2	2
Diseases of blood and blood forming organs	1	1	1	2
Mental disorders	8	10	12	10
Diseases of sense organs	2	2	4	3
Diseases of nervous system	3	3	4	5
Diseases of circulatory system	13	22	31	38
Diseases of respiratory system	20	13	17	24
Diseases of digestive system	13	14	10	6
Diseases of genito-urinary system	5	4	3	3
Complications of pregnancy	1	1	1	*
Diseases of skin and subcutaneous tissue	3	3	2	1
Diseases of bone and organs of movement	16	19	18	20
Accidents	25	24	16	8
Amputations	1	1	1	1
Uncodable	*	*	*	*
Base:	(1085)	(1079)	(1002)	(1108)

The distribution of complaints does not differ greatly from one sample to another; diseases of the circulatory system and accidents show the most marked increase and decrease respectively across the four samples. Diseases of the respiratory system are most common in the one month and the twelve months samples; this may be accounted for by the time of year when the complaints started, since to be included in these two samples complaints must have started in the winter, but in the two middle samples

complaints would have started in spring or summer when respiratory illness is less common. In the remainder of the report it will be seen that we have not examined the relationship between type of complaint and other aspects of illness to any extent. This is because very few categories of complaints had sufficient people to be examined separately and the categories could not easily be combined in any meaningful way.

2.3 History of illness

Generally, someone with a past history of ill health who becomes ill again is less likely to recover quickly than someone who has been in good health. We felt that past occurrences of the complaint that was keeping the informant off work when interviewed would give an important indication of his prospects of return to work in the future. We asked all informants whether they had had a previous occurrence of their illness prior to the present spell, or whether this was the first time the illness had occurred. Table 2.5 shows the results.

Table 2.5
Whether informant has had a previous occurrence of his present illness
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
First occurrence	46	42	36	30
Previous occurrence	54	58	64	70
	100	100	100	100
Base:	(1085)	(1079)	(1002)	(1108)

There is a very marked difference across the four samples in the proportions who have had a previous occurrence of their present illness. Those with a past history of illness are likely to be sick for longer and will presumably have greater problems returning to work, if in fact they are able to do so.

Since a previous occurrence of the complaint keeping a person off work is strongly linked to length of illness, we looked at the kinds of complaints which had occurred before. Table 2.6 shows informants' complaints according to whether they were occurring for the first time or had occurred before.

This table shows that mental disorders, diseases of the respiratory and digestive systems and diseases of bones and organs of movement have most frequently occurred previously. From our definition of accidents, given earlier, it is obvious that these cannot have a previous occurrence.

Table 2.6
Complaints keeping informants off work by whether they had occurred before
(Base: all informants)

	Sample										
	1 month		3 months		6 months		12 months				
	first occurrence %	previous occurrence %	first occurrence %	previous occurrence %	first occurrence %	previous occurrence %	first occurrence %	previous occurrence %			
Infective and parasitic diseases	4	2	3	2	3	2	3	2			
Neoplasms	2	2	2	5	4	4	4	4	2		
Endocrinal, metabolic and nutritional disorders	*	2	1	3	2	3	2	3			
Diseases of blood and blood forming organs	1	1	*	2	1	1	2	2	3		
Mental disorders	6	10	6	12	7	14	6	12	2		
Diseases of sense organs	1	3	2	2	2	5	3	3			
Diseases of nervous system	2	2	2	4	2	6	4	6			
Diseases of circulatory system	8	18	24	21	37	27	52	32			
Diseases of respiratory system	19	20	8	17	11	20	11	30			
Diseases of digestive system	8	16	8	18	8	12	4	7			
Diseases of genito-urinary system	3	7	3	5	2	3	3	3			
Complications of pregnancy	2	*	2	*	2	*	*	*			
Diseases of skin and subcutaneous tissue	2	3	2	3	1	2	1	1			
Diseases of bone and organs of movement	10	21	10	26	11	22	11	23			
Accidents	47	0	51	0	39	0	23	0			
Amputations	1	0	3	*	1	1	2	1			
Uncodable	1	*	1	*	*	*	*	*			
	(498)	(587)	(455)	(654)	(382)	(640)	(333)	(775)			

Base:

2.4 Employment

The type of job a sick person was doing before his illness is clearly relevant when investigating the problems of returning to work after illness, but probably even more important is whether he was working at all. We show first the working status of informants immediately prior to their illness in Table 2.7.

Table 2.7

Working status immediately prior to illness
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Working full time	93	88	83	80
Working part time	3	3	3	4
Unemployed	4	9	13	14
Other	*	1	1	1
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Base:	(1085)	(1079)	(1002)	(1108)
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It is clear that the longer term sick start off with an immediate disadvantage compared with the shorter term sick in that they are more likely to have been out of work before they were sick and can therefore be expected to have greater problems returning to work.

Next we look at the types of jobs informants were doing before they were sick, or when they were last working if they were not doing so immediately prior to their illness. We have classified their jobs in two ways. The first, which we refer to subsequently as skill level, is derived from classification according to socio-economic group as follows:-

Socio-economic group		Skill level
Employers and managers (incl. farmers)	}	professional/managerial
Professional workers		
Intermediate non manual workers	}	other non manual
Junior non manual workers		
Foreman/supervisor - manual	}	skilled manual
Skilled manual workers		
Semi-skilled manual workers	}	semi-skilled manual
Agricultural workers		
Unskilled manual workers	}	unskilled manual
HM forces		
Occupation inadequately described	}	other

The reason for combining the groups was to have sufficient numbers in each group to undertake comparisons between them. In subsequent analyses the 'other' category has normally been omitted. Table 2.8 shows the distribution of skill levels for the four samples.

Table 2.8
Distribution of skill level of job
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Professional/managerial	8	10	10	9
Other non manual	19	16	17	18
Skilled manual	40	39	37	35
Semi skilled manual	24	24	22	24
Unskilled manual	9	11	13	14
Other	*	*	*	*
	100	100	100	100

Base: (1085) (1079) (1002) (1108)

The proportions of informants in the non manual categories are fairly similar in all samples, but the proportions of unskilled manual workers increase for the longer spells of sickness while the proportions of skilled manual workers decrease.

Since the same classification of jobs was used on the General Household Survey we can compare the skill level of our informants with that of the general population. However, since women can be included in our survey only if they were paying a full insurance contribution they cannot be compared with all working women. We therefore give the comparison only for men in Table 2.9. It should also be remembered that civil servants, post office workers and members of the armed forces are not included in this survey.

Table 2.9
Skill level of men's jobs compared with the general population
(Base: male informants whose job was classified by skill level, GHS working men aged 15 or over)

	Sample				
	1 month	3 months	6 months	12 months	GHS
	%	%	%	%	%
Professional/managerial	9	11	11	9	21
Other non manual	13	12	13	16	18
Skilled manual	47	45	41	39	40
Semi skilled manual	21	20	21	21	17
Unskilled manual	10	12	14	14	5
	100	100	100	100	100

Base: (869) (922) (846) (974) (9481)

The results show clearly that informants in this survey were generally in lower level jobs than the general population. It is particularly noticeable that much higher proportions of our informants were in unskilled manual jobs. We will go on

to show later in the report the important effect this has on their prospects for return to work.

The second way we classified jobs was according to how heavy or light they were physically. We used this classification because we thought that someone who normally did a heavy manual job would have more problems returning to work after illness than someone in a light office job. We also felt that the physical conditions under which the job was performed might be important and so we used separate categories for outdoor and indoor jobs. Dividing jobs into heavy, medium and light, and then into indoor and outdoor gave six categories, but there were so few light outdoor jobs that we put all light jobs into the same category. Table 2.10 shows the distribution of jobs within these categories, which we have called physical nature of the job.

Table 2.10
Distribution of physical nature of job
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Heavy outdoor work	24	28	27	24
Heavy indoor work	28	20	18	10
Medium outdoor work	5	8	7	11
Medium indoor work	26	28	29	30
Light work	17	16	18	24
Unclassifiable	*	*	1	*
	100	100	100	100
Base:	(1085)	(1079)	(1002)	(1108)

The figures show some tendency for the longer term sick to have lighter jobs than the shorter term sick have. As noted above, these informants are generally older and may therefore be less capable of doing heavy work. Since there were not many people in the medium outdoor work category, the two medium categories have often been combined in subsequent analyses. For some jobs there was insufficient information to classify them on this basis. These have been excluded subsequently.

Since we were interested in job changes due to illness we asked informants if they had already had to give up their usual occupation because of ill health prior to the spell of illness we were considering. Of those informants who had a usual job (the majority), 5%, 6%, 10% and 9% in the four samples respectively had had to change from this job because of ill health. We compared the skill level of this job with the job they were doing before their illness started. Table 2.11 summarises the differences in skill level.

Table 2.11

Change in skill level of job due to ill health

(Base: informants who gave up usual job because of ill health)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Usual job same skill level as present job	14	27	19	28
Usual job lower skill level than present job	4	9	7	4
Usual job higher skill level than present job	82	64	74	68
	100	100	100	100
Base:	(57)	(70)	(97)	(96)

Although the numbers were insufficient to show percentages, we noticed that those who changed to a lower skill level almost always changed to the unskilled manual level whatever level their usual job was. Those whose skill level stayed the same were mainly in the professional/managerial category. These results again show the disadvantage faced by some informants before their present spell of illness started.

2.5 Education and training

As we shall explain in more detail in Chapter 12, we did not ask people who had been told by their doctors that they would not be able to work again very many questions connected with work. We did not ask about their education or training. However, for all other informants we established whether they had obtained any formal qualifications, whether they had received any further education after leaving school and whether they had had any formal job training. Table 2.12 summarises this information and also shows the proportions who had either training or qualifications.

Table 2.12

Education and training

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Formal qualifications	22	17	16	12
Further education	25	17	17	12
Formal job training	49	45	45	41
Training or qualifications	57	52	52	47
Base:	(1077)	(1012)	(848)	(748)

(percentages do not add to 100 as the categories overlap)

About half of those with formal qualifications in all samples had achieved '0' level or above; the rest had lower level technical or commercial qualifications. The proportion of people with qualifications, further education or training declines across the four samples. This trend could be due to the relationship of education and training with the skill level of the job, and age.

Since people who were unable to work again were excluded from the above table it could be argued that we do not present a meaningful comparison between the samples. However, when we discuss later the characteristics of informants unable to work again it will be apparent from their age, type of job etc., which are known to be associated with education and training, that we would expect them to be worse rather than better qualified than the rest of the people in their sample and so the inclusion of these informants would probably increase the differences between the samples already apparent in the above table.

From the above results we are now able to identify a number of factors which differ consistently across the samples and are therefore presumably related to length of illness. We could predict that an older male with a disease of the circulatory system and a past history of his illness, unemployed just before becoming sick but previously in an unskilled job and with no training or qualifications, is likely to be sick for far longer than a young female who has had an accident and who works in a professional or managerial job and who has training or qualifications. None of these results are particularly surprising, but it is important to remember them when interpreting later analyses concerning financial problems and prospects for return to work, since, for example, people in heavy unskilled jobs are likely to earn less and to have greater difficulty in becoming fit enough to return to the same job than are people in high level office jobs, even if their illness lasts the same length of time.

2.6 Whether informant was sick when interviewed

By the time of the interview, which was often quite a number of weeks after the samples were drawn, varying proportions of each sample were no longer sick. The proportions were 54%, 33%, 19% and 7% for the four samples respectively. Most of these were back at work but a few had reached retiring age, had retired prematurely or, in the case of women, had given up working. Some had returned to work after their original illness but were off sick again by the time of the interview, although not necessarily with the same complaint. All these informants have been included in the 'no longer sick' category, since we are only interested in the particular spell of illness which they had when the samples were drawn. We therefore knew for these informants that their spell of illness had ended, and we knew how long it had lasted, whereas informants who were still sick at the time of their interview might return to work the next week or remain chronic invalids for the rest of their working lives. Since those who were still sick when interviewed had already been sick longer and were likely to be sick still longer than those who were not sick, we looked for any difference between the two groups which might be associated with whether they returned to work or remained sick after a particular length of time. We expected that those factors described above which had shown differences between the samples would be important. We therefore examined these factors separately for those who were still sick and those who were no longer sick, as shown in Tables 2.13 to 2.20

The results shown in these tables confirm that those factors which show differences between the samples generally also show differences within each sample between informants who were still sick when interviewed and those who were no longer sick. Thus at the beginning of a spell of illness we should be able, by examining the factors described above, to make a reasonable prediction of the prospects of return

to work for the individual concerned, apart from purely medical grounds. This is probably of more use when considering the problems of groups of people rather than individuals, as it can highlight particular groups who are likely to have difficulties and may indicate action that can be taken to help.

Table 2.13

Age by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Under 30	18	26	12	21	7	14	5	20
30 - 39	14	18	11	13	8	13	7	8
40 - 49	18	18	18	22	17	22	14	10
50 - 59	29	23	33	28	33	29	33	24
60 and over	20	15	26	16	34	22	42	37
	100	100	100	100	100	100	100	100

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

Table 2.14

Sex by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Male	85	77	87	83	85	83	89	82
Female	15	23	13	17	15	17	11	18
	100	100	100	100	100	100	100	100

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

Table 2.15

Nature of complaints by whether informant was still sick when interviewed

(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still Sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Infective and parasitic diseases	3	4	2	3	2	1	2	1
Neoplasms	2	1	4	4	5	1	3	5
Endocrinal, metabolic and nutritional disorders	1	1	2	2	2	2	2	0
Diseases of blood and blood forming organs	1	1	1	1	1	2	2	3
Mental disorders	6	10	10	9	13	8	10	14
Diseases of sense organs	2	2	2	2	4	3	3	1
Diseases of nervous system	4	2	4	2	5	2	5	1
Diseases of circulatory system	18	9	25	18	34	18	39	24
Diseases of respiratory system	18	22	16	8	18	13	25	17
Diseases of digestive system	14	13	13	17	9	15	6	5
Diseases of genito-urinary system	5	5	4	5	3	3	3	3
Complications of pregnancy	1	1	*	2	1	2	*	1
Diseases of skin and subcutaneous tissue	2	3	2	3	1	3	1	4
Diseases of bones and organs of movement	19	14	21	16	18	21	20	19
Accidents	23	26	23	24	14	28	7	30
Amputations	1	1	1	1	1	1	1	3
Uncodable	*	*	0	*	*	0	*	0

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

(percentages do not add to 100 as some people had more than one complaint)

Table 2.16

History of present illness by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
First occurrence	41	50	38	52	34	45	29	35
Previous occurrence	59	50	62	48	66	55	71	65
	100	100	100	100	100	100	100	100

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

Table 2.17

Working status prior to illness by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Working full time	91	96	86	92	81	89	80	85
Working part time	4	2	3	3	4	2	5	0
Unemployed	5	2	11	4	14	9	14	13
Other	*	*	*	1	1	0	1	3
	100	100	100	100	100	100	100	100

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

Table 2.18

Skill level of job by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Professional/managerial	7	9	10	11	11	8	8	11
Other non manual	19	18	16	16	17	17	19	15
Skilled manual	39	41	40	39	36	44	35	37
Semi-skilled manual	24	24	23	25	23	18	23	25
Unskilled manual	11	8	12	8	13	11	14	9
Other	*	*	*	1	*	2	*	3
	100	100	100	100	100	100	100	100

Base: (497) (588) (723) (356) (811) (191) (1029) (79)

Table 2.19

Physical nature of job by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Heavy outdoor	25	22	29	24	28	25	24	23
Heavy indoor	28	27	19	21	16	25	9	34
Medium outdoor	7	3	9	7	8	4	12	3
Medium indoor	23	29	27	30	29	29	31	18
Light	16	18	16	17	18	15	25	20
Unclassifiable	*	1	*	1	*	2	*	2
	100	100	100	100	100	100	100	100
Base:	(497)	(588)	(723)	(556)	(811)	(191)	(1029)	(79)

Table 2.20

Education and training by whether informant was still sick when interviewed
(Base: all informants)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick	Still sick	No longer sick
	%	%	%	%	%	%	%	%
Formal qualifications	18	23	15	21	11	23	11	17
Further education	22	28	16	20	16	19	12	10
Formal job training	48	50	44	49	43	53	41	43
Training or qualifications	55	58	51	58	50	62	47	47
Base:	(499)	(588)	(828)	(356)	(657)	(191)	(869)	(79)

(percentages do not add to 100 as the categories overlap)

Chapter 3 Household circumstances

In this chapter we look at the composition of the households in which our informants live and the type of housing amenities they have. We then go on to consider in particular the effect married people's illness has had on the employment of their spouses.

3.1 Household composition

Table 3.1 shows the sex and marital status of informants in the four main samples. There were slightly more married men in the longer than in the short term sick samples and proportionately less women, married and single. This may well be due to women retiring earlier than men since, as we have already seen, the longer term sick tend to be significantly older than the shorter term.

Table 3.1

Sex and marital status
(Base: all informants)

		Sample			
		1 month	3 months	6 months	12 months
		%	%	%	%
Married:	men	65	68	69	71
	women	9 } 75	6 } 74	7 } 76	6 } 77
Single:	men	11	12	10	10
	women	8 } 19	6 } 18	4 } 14	3 } 13
Widowed/divorced/ separated:	men	4	5	7	8
	women	2 } 6	2 } 7	3 } 10	2 } 10
		100	100	100	100
Base:		(1085)	(1079)	(1002)	(1108)

Few informants were widowed, divorced or separated. We would expect them to differ in various ways from either married or single people and since their numbers are not great enough to be considered separately we have excluded them from subsequent analyses using marital status.

We next look at whether informants had any dependent children and, if so, how many they had. Table 3.2 summarises the information for the four samples. We have used the same definition of dependent children as DHSS uses in determining entitlement to dependents' allowances, ie. children under 16 or 16-18 in full time education.

Table 3.2
Number of dependent children
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
0	66	70	73	79
1	12	13	13	9
2	12	8	7	6
3	6	5	3	3
4 or more	5	4	4	4
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Base: (1085) (1079) (1008) (1108)

The differences between the samples are mainly a function of the difference in age distribution; the longer term sick were generally older and so were less likely to have dependent children. People in their 30s most often had dependent children, followed by people in their 20s or 40s, as one might expect. The majority of dependent children were those of married men informants. Married women in households with dependent children are less likely to be paying the full insurance contribution if they are working at all and therefore we would not expect many in our samples.

Another factor which may have a bearing on the effect of illness is a person's household status as this is normally related to financial responsibility. Table 3.3 shows whether informants or their spouses were heads of the household or lived in someone else's household.

Table 3.3
Household status
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Informant is HOH	73	77	81	83
Spouse is HOH	8	6	7	6
Informant lives with parents or close relative	17	14	10	10
Informant boards with non-relatives	2	2	1	1
Informant lives in hospital	0	0	*	1
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Base: (1085) (1079) (1008) (1108)

The differences between the samples are again mainly a function of age. The one month sample has a greater proportion of young, single people still living with their parents than do the longer term sick samples.

3.2 Housing and amenities

We first looked at the type of accommodation the informant was living in, as shown in Table 3.4.

Table 3.4

Type of accommodation

(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Whole house	74	72	73	68
Bungalow	5	7	7	8
Self-contained flat/ maisonette	17	18	16	20
Rooms in house/ bedsitter	3	3	3	3
Hotel, boarding house	1	1	*	1
Caravan	1	*	*	*
Living in hospital	0	0	*	1
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<i>Base:</i>	<i>(1085)</i>	<i>(1078)</i>	<i>(1002)</i>	<i>(1108)</i>

The majority of households had self-contained accommodation, although this was not always the case for the informant and his family. Since we did not interview people whose address was that of an institution, people shown as living in hospital all had a wife or husband at home who had given a proxy interview.

Next we looked at the tenure of the accommodation for the informant or spouse. This is shown in Table 3.5.

Similar proportions of all samples owned or were buying their houses. In the population as a whole older people are more likely to have their own house than younger people and so the longer term sick seem relatively worse off in this respect since, despite the fact that they are on average older than the shorter term sick, they were no more likely to have their own house; conversely, a larger proportion were council tenants.

Table 3.5
Tenure of accommodation
(Base: all informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Owner occupier with mortgage	19	16	16	9
Owner occupier, owns outright	12	16	16	21
Local authority tenant	34	35	39	40
Other rented - furnished	3	3	3	3
Other rented - unfurnished	12	13	12	13
Boarder with parents/close relative	15	14	10	10
Commercial boarder	2	2	2	2
Lives rent free	2	2	2	2
Living in hospital	0	0	*	1
	100	100	100	100

Base: (1085) (1079) (1002) (1108)

Table 3.6 summarises the main amenities in the household in which the informant lived. People living in hospital have not been included in this table.

Table 3.6
Household amenities
(Base: all except those living in hospital)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Proportion who have:				
Separate kitchen	97	97	97	96
Separate bathroom	92	92	90	91
Inside lavatory	90	89	87	88
Hot water supply	96	96	95	93
Telephone	36	37	33	31
Television	96	95	96	96
Car or van:				
household	53	48	41	35
informant or spouse	46	42	35	30

Base: (1085) (1079) (999) (1095)

The longer term sick seem to be slightly worse off than the shorter term sick with respect to basic amenities, although the differences are not significant when each is considered separately. For non basic amenities like cars and telephones they are significantly worse off, although there was no difference in the proportion with television. These differences are probably a reflection of differences in financial circumstances which will be discussed in a later chapter.

In addition to comparing our four samples we felt it would be useful to see how the circumstances of sick people compare with those of the general population. We have used figures from the General Household Survey 1972 for comparison. Since we have sometimes used different categories we have had to combine categories to give meaningful comparisons. The GHS is a survey of households rather than of individuals and there is no situation comparable to that of our informants who live in someone else's household. We have excluded these people from our figures in the following tables to give more accurate comparisons. Tables 3.7 to 3.9 compare the housing and amenities of our informants with the General Household sample.

Table 3.7

Type of accommodation compared with general population (GHS sample)

(Base: informants (or spouses) who are heads of households)

	Sample				GHS
	1 month	3 months	6 months	12 months	
	%	%	%	%	%
House or bungalow	78	78	78	75	78
Flat, maisonette					
or rooms	21	22	21	23	21
Other	1	*	1	1	1
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	100	100	100	100	100
<hr/>					
Base:	(882)	(904)	(883)	(989)	(11557)

Table 3.8

Tenure of accommodation compared with the general population (GHS sample)
(Base: informants (or spouses) who are heads of households)

	Sample				GHS
	1 month %	3 months %	6 months %	12 months %	
Owner occupier with mortgage	23	19	18	10	27
Owner occupier, owns outright	14	18	18	23	22
Local authority tenant	41	42	45	45	32
Other rented - furnished	4	3	3	3	3
Other rented - unfurnished	15	15	14	15	11
Other	3	2	2	4	4
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(882)	(904)	(883)	(989)	(11586)

Table 3.9

Household amenities compared with the general population (GHS sample)
(Base: informants (or spouses) who are heads of households)

	Sample				GHS
	1 month %	3 months %	6 months %	12 months %	
Proportions who have:					
Separate kitchen	97	97	97	95	99
Separate bathroom	92	91	90	90	92
Inside lavatory	90	89	87	87	91
Telephone	37	37	32	31	42
Television	96	95	94	94	93
Car or van	49	44	35	30	43
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(882)	(904)	(883)	(989)	(11661)

It appears that, except in the case of the twelve months sample, there is little difference between our samples and the general population in respect of type of accommodation. However, there is a significant difference in tenure. All our samples, but particularly the longer term sick, had a smaller proportion of owner occupiers than renters than did the general population. The lower proportions of the longer term sick with mortgages as opposed to owning outright presumably reflect the higher proportions of older people who have paid off their mortgages. In addition, the longer term sick were slightly less likely to have the basic amenities and were much less likely to have a telephone. Fewer of the longer term sick had a car. Only in respect of having a television did our samples seem as well off as the general population.

3.3 Effect of informant's illness on employment of spouse

In a family where both husband and wife are working one might expect illness to have less serious financial consequences than if the sick person alone were the breadwinner. However, if the spouse has to stop work also for any length of time to look after the sick partner, the situation could be worse. On the other hand, a reduction in income caused by one of the couple being sick may mean that the other has to work longer hours, or start work if not already working, to compensate for the drop in income. With these possibilities in mind we looked first at the effect of the husband's illness on the wife's employment.

In all four samples between 65% and 71% of informants were married men. We were looking for two main kinds of effects their illness might have had on the employment of their wives: working wives having to stop work, if only for a short time, to look after their husbands, and non-working wives having to start work to supplement the family income. Although we would expect these effects to work in opposite directions, we would expect the first to be most important at the onset of the illness, while the need for extra money would be more likely to be felt later on. We might therefore expect this to occur more often in the longer term sick samples.

First we looked at the situation before the husband became ill. In all four samples between 35% and 42% of the wives were working. By the time of the interview between 3% and 9% had given up work completely, while 3%-4% had started work. Table 3.10 gives details of these results.

Table 3.10
Wife's employment situation during husband's illness
(Base: married men)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Did not work at all	58	55	61	58
Worked all the time	36	37	29	29
Gave up work	3	5	6	9
Started work	3	3	4	4
	100	100	100	100

Base:	(708)	(735)	(687)	(784)
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Clearly some of these changes might be due to reasons other than the husband's illness; also other effects on employment could have occurred apart from the main ones mentioned above. We therefore asked whether the wife's employment had changed in any way and whether any changes were due to the husband's illness. Table 3.11 shows the effects attributed to the husband's illness for the four samples. The last category in this table, "no effect", includes all wives, whether working or not, whose employment situation was not affected by their husband's illness, although their situation may have changed for other reasons.

Table 3.11

Effect on wife's employment attributed to husband's illness
(Base: married men)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Stopped work completely	2	3	4	6
Stopped work at first	2	2	1	1
Worked shorter hours	1	2	1	2
Worked longer hours	2	2	1	2
Started work	1	2	3	4
Other effects	*	1	2	2
No effect	92	88	88	83
	100	100	100	100

Base: (708) (735) (687) (784)

Table 3.11 shows only a small proportion of wives whose employment was affected by their husband's illness, the proportions affected being somewhat greater in the longer than in the shorter term sick samples, particularly of wives who either stopped or started work. Although there are not enough to show percentages, we did notice that most of those who stopped work did so at the beginning of the illness, often straight away, whilst those who started work did so later on. However, it must be remembered that the majority of wives were not working at all and therefore would be at home to look after their husbands if necessary; similarly quite a number of wives were working all the time and so it is not really possible to assess the relative effects of the need for care as opposed to the need for an extra income.

Next we looked at the effect of the wife's illness on her husband's employment. As previously mentioned, only about 9% of our informants were married women. The husbands of some of these women were not working, because they were either retired or unemployed, leaving between 5% and 9% women informants with working husbands in the four samples. We asked them whether their illness had affected their husbands' work in any way. Table 3.12 shows the proportions in the four samples who said their husbands' work had been affected.

Table 3.12

Effect of wife's illness on husband's employment
(Base: married women with working husbands)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Husband's work affected	22	16	42	40
Husband's work not affected	78	84	58	60
	100	100	100	100

Base: (86) (62) (65) (57)

The results show that more husbands were affected in the two longer term than in the two shorter term sick samples. We asked women whose husbands' work had been affected what sort of effect their illness had had. The most common answer was that the husband had taken some time off work, either to look after her or the children or to accompany her to hospital. The amount of time taken off ranged from a few hours to several days, but rarely any longer. Some women said their husbands had cut down on overtime or weekend working to be with them. Few other effects were mentioned and not enough husbands had been affected for detailed figures to be given. It seems likely that the greater proportion of the longer term sick affected reflects the greater severity of their complaints.

It is important to realise that we cannot compare directly the figures for the proportions of wives whose employment has been affected with the proportions of husbands. Firstly, the questions about the effect on wives were more specific, asking whether her job had changed in any way, and so small effects like taking a few hours off would not be recorded; and secondly, as we have already pointed out, most wives were not working and were therefore at home to look after their husbands, whereas most husbands were working.

Summary of Part I: Description

Chapter 2 Description of the samples

We examined some of the characteristics of informants in the four main samples and found several which differed consistently across the samples, and which therefore appear to relate to length of illness. We found that the longer term sick were more likely than the shorter term sick to be older, male, suffering from a disease of the circulatory system, to have a previous history of illness, to have been unemployed or in an unskilled manual job before illness, and to have no training or qualifications. We also compared the characteristics of informants who were still sick after a given period of time with those who were no longer sick and found they also differed in respect of most of the characteristics mentioned above.

Chapter 3 Household circumstances

We found that the longer term sick were rather more likely than the shorter term sick to be married, but were less likely to have dependent children. Presumably this is because they tend to be older. For the same reason we would have expected a higher proportion of the longer term sick to be owner occupiers, but they did not differ in this respect from the shorter term sick. All our samples were less likely than the general population to be owner occupiers and more likely to be council tenants. The longer term sick were less likely than the shorter term to have a car or a telephone.

The majority of married men said that their wives' employment (or non-employment) had not been affected by their illness, but more of the longer term sick said there had been an effect, often of the wife stopping work completely. However, between 55% and 61% of the wives did not work at all and so would be available to look after their husbands if necessary. More married women in the longer term samples said that their husbands' work had been affected by their illness than in the shorter term samples, but the effects were not great; usually the husband had had to take a small amount of time off to look after his wife or children, but this was rarely more than a few days.



Part II

Financial circumstances

Chapter 4 Changes in financial circumstances due to illness

For many people in this country illness of more than short duration has a major impact on their financial circumstances. Many people suffer some drop in income when they are sick, and some may face considerable financial difficulties. In this and the succeeding chapters we examine the financial circumstances of informants during illness. We look both at objective information about the amounts and sources of their income, and subjective assessments of how they saw their financial position during their period of illness.

In this chapter we take an overall view of what happened to people's income when they became sick and how it changed during illness. We also look at the income after illness of those who returned to work.

We asked all informants to give details of their net income from all sources before their illness began, while they were sick, and after it had ended, if this was appropriate. We also asked for details of their spouses' net income if they were married, and for any changes in their income during their period of illness. A number of informants refused to give information about their income; others either could not or would not give details of their spouses' income; still others, often proxies, could not give accurate information about income. The self employed presented particular problems since many were very vague about their income or had wide fluctuations. In all the above cases we did not have sufficient information about income to include them in our analysis of financial circumstances. Table 4.1 shows the proportions of informants with inadequate information about their income during illness. There were also a few more informants who did not give information about their income before illness. In subsequent tables these people are shown together under the 'income not known' category.

4.1 Income before illness began

First we looked at informants' incomes before they became sick, as this forms a base from which to look at what happened during illness. Table 4.2 shows the distribution of net incomes in the week immediately prior to the start of illness, and the average income in this week for each sample.

Table 4.1

Reasons for inadequate information about income

(Base: All informants)

	Sample				
	1 month	3 months	6 months	12 months	fifth sample
	%	%	%	%	%
Refusal	2	3	2	2	2
Self employed	6	7	7	6	7
Vague/not known	4	3	2	1	3
Complete information	88	87	89	91	88
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(1085)	(1079)	(1002)	(1108)	(257)

From Table 4.2 it appears that, before the start of their illnesses, those who subsequently became the longer term sick generally had lower incomes than those who became sick for a shorter time. However, the week before the illness started was a year earlier for the twelve months sample than for the one month sample and during that time average earnings rose by about 13%. This accounts for a large proportion of the differences between the samples. The remaining difference is probably accounted for by the differences in the characteristics of the people in the four samples in terms of type of job, sex, age, marital status and number of dependent children. These are major determinants of net income in the population as a whole and there seems no reason to suppose our informants to be any different.

Table 4.2

Net income in the week prior to start of illness

(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
£10 or less	4	4	5	6
£11 - £20	18	19	25	30
£21 - £30	30	28	31	29
£31 - £40	20	21	16	16
over £40	16	13	11	7
Income not known	12	14	12	12
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(1085)	(1079)	(1002)	(1108)
Average income	£29.50	£28.40	£26.20	£24.60
Base: (informants whose income was known)	(951)	(925)	(887)	(982)

4.2 Income during illness

The financial impact of illness on people can vary considerably. There are a number of different ways of measuring what happens. We can compare people's income during illness; we can look at the size of the change in income when illness occurs, or we can look at the change as a proportion of previous income. For example, someone who was unemployed immediately prior to becoming sick may suffer little change in income when he becomes sick, but someone who was in a high income job, but received no sick pay from his employer, may suffer a large change. However, the latter person may have some savings to supplement his sickness benefit, whereas someone who has been unemployed for some time is less likely to have any savings left. Table 4.3 shows informants' incomes at the time they were interviewed or in their last week of sickness.

Table 4.3

Net income during last week of illness or when interviewed
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
£10 or less	10	11	14	15
£11 - £20	28	29	37	41
£21 - £30	28	28	25	24
£31 - £40	14	13	10	8
over £40	9	7	3	3
Income not known	12	13	11	9
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
<i>Base:</i>	<i>(1085)</i>	<i>(1079)</i>	<i>(1002)</i>	<i>(1108)</i>
Average income	£23.90	£22.80	£19.30	£18.80
<i>Base: (Informants whose income was known)</i>	<i>(959)</i>	<i>(939)</i>	<i>(893)</i>	<i>(1005)</i>

The results show that the two longer term sick samples were significantly worse off financially than the two shorter term samples, at least by the time the interviews were carried out. The average incomes of all samples were lower than before informants illnesses started. However, we do not know whether all informants suffered drops in income, or whether changes in income occurred immediately after illness started or over the course of the illness. Table 4.4 shows the size of the differences between income before illness and income during illness.

The results show that the majority of informants had suffered a drop in income when they were sick, and for many the drop was quite large. However, a drop in income from £50 to £40 may not affect someone in the same way as a drop from £20 to £10. We therefore looked at the percentage drop in income, as shown in Table 4.5.

Table 4.4

Difference between income before illness and income during illness

(Base: informants whose incomes were known for both these points in time)

	Samples			
	1 month	3 months	6 months	12 months
	%	%	%	%
Increase during illness	22	26	24	27
No change	10	4	2	1
Drop of up to £5	22	24	21	24
£6 - £10	23	22	24	22
£11 - £15	12	13	15	14
over £15	11	11	14	12
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(947)	(922)	(881)	(876)

Table 4.5

Income during illness as a percentage of income before illness

(Base: informants whose incomes were known for both these points in time)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
100% or more	32	30	26	28
80% - 99%	21	25	19	21
60% - 79%	26	26	26	26
less than 60%	20	19	29	24
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(947)	(922)	(881)	(876)

From both Tables 4.4 and 4.5 it can be seen that the proportion of informants experiencing different changes in income are similar in all samples, although we have already shown that the longer term sick had lower incomes before their illnesses began.

Next we examined whether the changes in income were related to the amount of informants' incomes before their illness. Table 4.6 shows the proportion of informants with different incomes before their illness whose incomes had gone up, down or stayed the same by the time of the interview, or when their illness ended.

The results show that informants with high incomes before they became ill were more likely to suffer a drop in income. Those with the lowest incomes were most likely to have a rise.

Table 4.6

Change in income by interview or end of illness for different income groups
(Base: informants whose incomes were known at both points of time)

	Sample																			
	1 month				3 months				6 months				12 months							
	Income before illness:	less than £10	£11 -20	£31 -30 -40 £40	over £40	less than £10	£11 -20	£21 -30 -40 £40	over £40	less than £10	£11 -20	£21 -30 -40 £40	over £40	less than £10	£11 -20	£31 -30 -40 £40	over £40			
Income went down	47	64	66	75	70	34	58	74	76	80	30	65	79	86	90	26	65	75	90	90
stayed the same	14	9	10	8	15	2	1	5	4	8	2	1	1	2	3	1	*	1	1	1
went up	39	27	24	17	16	64	40	21	20	12	68	34	20	12	7	73	34	24	9	9
during illness	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(38)	(196)	(327)	(220)	(172)	(47)	(208)	(302)	(229)	(138)	(50)	(252)	(312)	(162)	(109)	(71)	(328)	(316)	(181)	(82)

Obviously, in order to explain the differences shown above, we need to examine the sources of informants' income while they were sick. If informants were entirely dependent on State benefits during their illness, we would know what most people would receive and how their income could be expected to change over the course of their illness. The basic rate of sickness benefit at the time the survey was carried out was £6.75, with additional benefits for dependants. Married women got a lower rate of £4.75. People receiving industrial injury benefit got a higher basic rate of £9.50. After two weeks people who were earning over £9 a week would be entitled to an earnings related supplement, dependent on how much they had been earning and subject to a maximum of £7. After six months most people changed to invalidity benefit and lost their earnings related supplement. The basic rate was the same as for sickness benefit, but the additions for dependants were larger, and married women got the full amount. There was also a supplement (invalidity allowance) payable according to the age of the person when his illness started. Thus people who had been receiving earnings related supplement and who had no more than one or two children would have a drop in income after six months. The people who would expect a rise would be those who had been on low incomes before they were sick and who had large families. In all our samples these would form the minority of informants. However, what actually happened to informants' incomes is complicated by other sources of income they may have had during their illness. In Table 4.7 we summarise the proportions of informants receiving income from the sources listed at the time of their interview or in the last week of sickness.

Table 4.7
Sources of income during sickness
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Sickness benefit	78	72	22	8
Industrial injury benefit	9	8	2	*
Invalidity benefit	1	7	65	82
Attendance allowance	0	*	*	1
Industrial disablement pension	2	4	6	7
Family income supplement	*	*	0	*
Supplementary allowance	7	9	18	21
Sick pay from employer	40	28	13	4
Former employer's pension	3	5	11	22
Income from casual work	*	1	0	1
Interest from capital	7	7	8	10
Income from trade union, friendly society, etc	11	6	4	3
Spouse's earnings	34	31	27	32
Income not known	12	13	11	9
Base:	(1085)	(1079)	(1002)	(1108)
(percentages do not add to 100 as some people had more than one source of income)				

We knew that all informants were receiving either sickness, invalidity or industrial injury benefit, despite some being shown in the 'income not known' category. These people were omitted, as explained above, because other income information was unavailable or incomplete. Some of the six months sample had not been sick for exactly six months and therefore had not changed to invalidity benefit. In addition some of the six and twelve months samples were not eligible for invalidity benefit because they had not satisfied the contribution requirements. Informants in the one and three months samples receiving invalidity benefit did so because they had been ill within the previous three months and therefore would not go back on to sickness benefit for the full six months. Table 4.7 gives us some idea of why the shorter term sick had higher incomes than the longer term sick; greater proportions of them were receiving sick pay from their employers or income from a trade union, friendly society etc.

More of the longer term sick were receiving a supplementary allowance, an indication that their incomes were low, and also more were receiving a pension from a former employer and interest from capital. We looked at the amounts of money informants were receiving from some of these sources, to see how much effect they were likely to have on total income. Interest from capital and from trade unions, friendly societies etc. did not amount to very large sums of money. The majority of informants receiving interest from capital were getting under £1 a week, the shorter term sick receiving somewhat less than the longer term. Income from trade unions, friendly societies etc. was generally between £1 and £2 a week. Former employers' pensions provided larger sums of money. One third of informants in all samples were receiving less than £5 a week from this source, one third were receiving between £5 and £10, and the remaining third were receiving over £10. At least a third of informants receiving a supplementary allowance got less than £2 a week, and the majority were getting less than £5.

The largest incomes were received by those getting sick pay from their employers, the average amount of sick pay being around £10 a week. The proportions of informants receiving income from this source in the four samples also showed the biggest differences, and so it looks as if this may be a major cause of differences in incomes between the four samples. To confirm the importance of employers' sick pay in determining income during illness we looked at the average incomes during illness of those informants who were not receiving sick pay from their employer. These were £18.70, £19.10, £17.90 and £18.40 for the four samples respectively. Thus the downwards trend across the samples has disappeared and there is no consistent difference between the samples. Since receipt of sick pay from employers is clearly important, we wanted to look at this subject in greater detail. This will be described in the next chapter.

4.3 Changes in income over the course of illness

So far we have been looking at informants' incomes at the time they were interviewed or in their last week of illness. We have already described the changes in state benefits which normally occur over the course of illness. Next we look at how our informants' incomes changed over the course of their illness. This should determine whether the differences between the shorter and longer term sick are occurring as a function of time or whether there were differences at the beginning of the illness.

In addition to asking informants about their income at the time of interview or in their last week of illness, we asked whether there had been any changes in their income during the illness. We asked them to give details of all changes, including the date of each change. From this information we could work backwards to calculate what their income had been at certain points in time earlier in their illness. We wanted to compare incomes at 4 weeks, 13 weeks, 26 weeks and 52 weeks after the start of the illness. Clearly, we could only look at income at 4 weeks for the one month sample, and only for the twelve months sample could we calculate income at all four points in time. Because we had included informants whose length of sickness fell within a range of time not all informants in, for example, the six months sample had in fact been sick for as long as 26 weeks. In such cases we used their income at the time of interview or in their last week of sickness rather than calculating what their income had been in the twenty-sixth week.

In Table 4.8 we show the average income per week for the various different points in time for the four samples. Information about income at earlier points in time is likely to be somewhat inaccurate, especially for the longer term sick samples, as we were asking informants to remember back over a number of months. This is likely to lead to an under-estimate of changes in income because informants will probably forget changes which occurred a long time ago. Another complicating factor is that on 2nd October 1972 there was a general increase in most of the state benefits received by our informants. This means that for all informants there will be a rise in these benefits during the last of the periods we are looking at. This means that, other factors being equal, the one month sample would have a higher income after four weeks than the other three samples.

Table 4.8

Changes in average income per week over the course of illness

(Base: informants with complete income information)

	Sample			
	1 month	3 months	6 months	12 months
Average income at 4 weeks	£23.90	£22.70	£20.50	£19.00
Average income at 13 weeks		£23.10	£20.30	£18.70
Average income at 26 weeks			£20.20	£18.20
Average income at 52 weeks				£18.90
Base:	(859)	(939)	(894)	(1005)

However, Table 4.8 shows differences between these three samples as well and so it does not seem that the rise in benefits is having a major effect on differences between the samples. It may be affecting changes within the samples, since in the three and twelve months samples the last period in time has a slightly higher income than the one before. However, the changes over time seem generally small, especially compared to the differences between the samples. We may therefore conclude that the differences between the samples in respect of income during illness occur from the start of the illness rather than as a function of time. As we have already shown, there are differences in the characteristics of the informants in the four samples which are likely to affect income during illness. For example, informants in the longer term sample are older and less likely to have dependent children, and so will receive less state benefits.

4.4 Income after illness

In this section we examine the financial circumstances of informants who had returned to work after their illness. We are interested in changes in earnings after a period of illness and so we are not looking at informants who were unemployed, retired or who were sick again when interviewed. Interviewers were asked to compare informants' earnings before and after illness; if the latter were lower they asked the informants why this was so. In some cases the informant had only just returned to work and had not been able to work overtime, earn a bonus or for some other reason was temporarily earning less than usual. Table 4.9 shows the proportions of those who had returned to work who said they were now earning less as a result of their illness.

Table 4.9

Loss of earnings as a result of illness

(Base: informants who were employed before and after illness and whose earnings were known)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Earning less as a result of illness	7	11	23	(7)
Earnings not affected by illness	93	89	77	(17)
	<u>100</u>	<u>100</u>	<u>100</u>	
Base:	(401)	(214)	(112)	(24)

The results show a definite increase in the proportion of informants whose earnings were lower as a result of illness across the four samples, although the numbers so affected were not generally very great. However, only a small proportion of the longer term samples had in fact returned to work and so it is difficult to assess the extent of this problem with any accuracy.

Chapter 5 Receipt of sick pay from employers

In the previous chapter we have shown that whether or not a person gets sick pay from his employer is a major determinant of his income while he is sick. In this chapter we look in greater detail at the kind of people who receive sick pay from their employers and the amounts they receive.

It should be remembered that civil servants and post office workers who do not claim sickness benefit for six months have not been included in this survey. They receive sick pay from their employers and so the figures presented here underestimate proportions of sick people in the total working population who receive sick pay after varying lengths of illness.

In the last chapter we gave the proportions of informants in the four samples who were receiving sick pay from their employers when interviewed or when their illness ended (Table 4.11). Some informants, particularly among the longer term sick, had received sick pay earlier during their illness but this had stopped by the time they were interviewed. Naturally informants who were not employed immediately before their illness would not have received any sick pay, and so in Table 5.1 we show the proportions of informants employed immediately prior to their illness who received sick pay from their employers, either when interviewed or earlier in their illness.

Table 5.1

Receipt of employers' sick pay

(Base: informants employed immediately prior to sickness)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Receiving sick pay at interview/last week sick	44	33	17	4
Received sick pay previously	3	9	13	17
Not received sick pay	46	52	65	74
No income data	7	6	5	4
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(982)	(898)	(795)	(861)

The results show that, as might be expected, a much larger proportion of the one month than of the twelve months sample were receiving sick pay from their employer when interviewed or in their last week of sickness. The proportion of people who received sick pay at any time is also highest in the one month sample. Clearly length of sickness does not determine whether an employer pays sick pay. We therefore looked for other factors which might explain the differences between the four samples.

First we looked at some of the characteristics of informants who had received sick pay at some time during their illness. To simplify the picture we give the percentages of informants who had received sick pay, and to facilitate the comparisons percentages are based on informants for whom there was complete income information. We found no evidence that these people differed in any significant way from other informants. Self employed informants were excluded anyway as they could not be receiving sick pay from an employer.

Table 5.2 shows the proportions of informants in different age groups who had received sick pay from their employers and Table 5.3 shows the proportions of men and women.

Table 5.2

Receipt of employers' sick pay by age

(Base: informants employed immediately prior to sickness, for whom there was complete income information)

Age:	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
under 30	42	(222)	28	(140)	22	(69)	19	(47)
30 - 39	37	(163)	32	(97)	27	(74)	16	(58)
40 - 49	55	(177)	46	(181)	28	(142)	18	(117)
50 - 59	50	(267)	44	(282)	31	(264)	23	(272)
60 and over	52	(161)	51	(108)	33	(245)	23	(365)

Table 5.3

Receipt of employers' sick pay, by sex

(Base: informants employed immediately prior to sickness for whom there was complete income information)

	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
Men	49	(789)	44	(762)	32	(662)	22	(753)
Women	39	(193)	29	(134)	22	(133)	19	(108)

The results show that there is some tendency for older people to be more likely than younger to have received sick pay. In the first three samples a significantly greater proportion of men than women had received sick pay. Next we looked at the type of job informants had been doing before they were sick, (Table 5.4), and their income before their illness started, (Table 5.5).

Table 5.4

Receipt of employers' sick pay by level of job

(Base: informants employed immediately prior to illness, for whom there was complete income information)

	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
Professional/managerial	81	(52)	66	(58)	42	(48)	42	(38)
Other non-manual	62	(178)	58	(145)	44	(131)	31	(144)
Skilled manual	50	(376)	43	(342)	30	(301)	23	(271)
Semi-skilled manual	38	(229)	34	(208)	26	(173)	20	(200)
Unskilled manual	45	(83)	43	(90)	24	(104)	11	(118)

Table 5.5

Receipt of employers' sick pay by income before illness

(Base: informants employed immediately prior to illness for whom there was complete income information)

	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
Income before illness:								
less than £20	39	(209)	40	(188)	29	(206)	19	(262)
£21 - £30	55	(317)	42	(283)	31	(278)	27	(263)
£31 - £40	51	(216)	48	(222)	36	(151)	20	(163)
£40 or more	56	(172)	55	(137)	34	(105)	29	(70)

It is clear from the results that people in higher level jobs are more likely to have received sick pay from their employers than those in the less skilled jobs. It also seems that informants with higher incomes before they were sick are more likely to have received sick pay. This means that those who were best off financially before they were sick are also likely to be best off during their illness, although presumably people who have been used to a high income and who do not receive sick pay will suffer the biggest drop in income and may find it very difficult to manage. We will examine this situation in greater detail in a later chapter.

We would expect most of those sick informants who were receiving sick pay when interviewed to have their jobs kept open for them, even if they did not expect to return to those jobs. Some other employers may have paid sick pay for a shorter time, but we would expect a relationship between keeping jobs open and paying sick pay. Table 5.6 shows the proportions receiving sick pay among sick informants whose employers are keeping their jobs open, compared with those who are not, and Table 5.7 shows for informants who were no longer sick when interviewed, those who returned to the same employer compared with those who did not.

Table 5.6

Receipt of employers' sick pay by whether employer is keeping job open
(Base: informants employed before illness who may return, for whom there was complete income information)

	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
Employer keeping job open	56	(345)	53	(361)	42	(247)	32	(161)
Employer not keeping job open	9	(46)	4	(100)	10	(177)	14	(246)

Table 5.7

Receipt of employers' sick pay by whether informants returned to same employer
(Base: informants employed before illness who returned to work, for whom there was complete income information)

	Sample							
	1 month		3 months		6 months		12 months	
	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base	% who had received sick pay	Base
Returned to same employer	58	(477)	63	(238)	53	(112)	(6)	(20)
Returned to different employer	16	(99)	21	(90)	15	(56)	16	(38)

Table 5.6 shows that informants whose employers were keeping their jobs open were more likely to have received sick pay than those whose employers were not keeping their jobs open. Similarly, Table 5.7 shows that informants who returned to the same employer were more likely to have received sick pay than those who returned to a different employer.

In Tables 5.2 to 5.5 differences between the samples were apparent for almost all the groups we examined. However, in Tables 5.6 and 5.7 the decrease across the samples is apparent only in the case of informants whose employers were keeping their jobs open. But presumably the proportion of employers who are keeping jobs open will decline with length of illness, and so probably some employers will keep jobs open only for a short time and these may be less likely to pay sick pay. This is partly confirmed by looking at informants who had returned to work. Although there were not enough informants to consider the twelve months sample, in the other three samples the proportion of informants who had received sick pay amongst those who had returned to the same employer does not show a consistent trend across the samples.

Thus there seems some evidence of a relationship between receiving sick pay and having jobs kept open. Informants in higher level jobs and with higher incomes before illness are most likely both to have their jobs kept open and to receive sick pay. Conversely, informants who are likely to face problems in returning to work are also likely to face financial problems while they are sick. However, this presupposed that sick pay forms a significant proportion of income during illness for all who receive it. We therefore examine next the amounts of sick pay people had received. Table 5.8 shows the amount they were receiving at the time of the interview or when payment stopped. (We compared the amount received by those who were still receiving sick pay with those whose sick pay had stopped, and found no significant difference.)

Table 5.8

Amount of sick pay received per week

(Base: informants who had received sick pay at any time during illness)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Amount of sick pay received:				
Up to £5	24	24	25	26
£6 - £10	35	35	35	40
£11 - £15	22	19	24	18
£16 - £20	11	12	6	5
over £20	9	10	10	11
	100	100	100	100
Base:	(465)	(380)	(240)	(190)
Average amount received	£10.80	£10.70	£10.30	£10.00

The results show very little difference between the samples, although there is a slight downward trend. Although the results do not show that the amount of sick pay received depends on how long a person is sick, this could be true if the longer term sick included higher proportions of people in better sick pay schemes. Certainly in some cases informants received full pay for the first six months and then half pay, but these were usually people on higher incomes initially.

It is difficult to examine how much sick pay people receive in relation to their previous earnings, for a number of reasons. We knew that many informants received their full pay less their State benefits, and thus the amount of sick pay received from their employers would depend on how much they were receiving from the State, and this in turn would depend on how many dependants they had and how long they had been sick. Another difficulty is that previous earnings often included over time and bonus payments, whereas sick pay is usually a proportion of basic pay. However, we did look at how much sick pay informants were receiving in relation to their total income before their illness, as shown in Table 5.9. Too few people in the twelve months sample had received sick pay for this analysis to be included.

Table 5.9

Mean sick pay received per week by income before illness

(Base: informants receiving sick pay at any time during illness)

Income before illness	Sample		Sample		Sample	
	1 month		3 months		6 months	
	Mean sick pay received	Base	Mean sick pay received	Base	Mean sick pay received	Base
less than £20	£7.80	(78)	£8.10	(58)	£7.30	(32)
£21 - £30	£8.80	(159)	£8.60	(88)	£10.30	(39)
£31 - £40	£10.10	(104)	£11.10	(84)	£15.80	(62)
£40 or more	£18.30	(88)	£17.80	(65)		

The results confirm that not only are those who had the highest incomes before their illness more likely to receive sick pay, but they also receive more sick pay than informants on lower incomes. This is presumably because sick pay is generally a proportion of normal earnings, although there can be quite wide fluctuations for the reasons outlined above.

To show the importance of sick pay in determining income during illness we calculated the proportion of total income during illness that sick pay constituted, for those informants who had received it. This is shown in Table 5.10. We have included only those informants who were receiving sick pay when interviewed or when their illness ended as this is when we were looking at income during illness.

Table 5.10

Sick pay as percentage of income while sick

(Base: informants receiving sick pay when interviewed or when illness ended)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Up to 20%	15	14	7	16
21% - 40%	31	33	25	26
41% - 60%	35	38	38	32
over 60%	19	15	30	26
	100	100	100	100

Base: (431) (298) (134) (38)

It can be seen that sick pay forms at least 40% of total income while sick for more than half the informants receiving sick pay. It is therefore likely that differences between the samples in the proportions receiving sick pay explains most of the differences in total income while sick.

Lastly we looked at how long sick pay had been received by those who were no longer receiving it by the time of interview or in their last week of sickness. We looked at the position at four weeks, three months, six months and twelve months of illness where appropriate for the sample. The results are shown in Table 5.11.

Table 5.11

Duration of sick pay

(Base: informants receiving sick pay at any time during illness)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Up to 4 weeks	4	4	3	3
5 - 13 weeks*	96	13	16	15
14 - 26 weeks*		83	18	21
27 - 52 weeks*			63	34
over 52 weeks*				27
	100	100	100	100

Base: (465) (380) (240) (190)

* or until time of interview

There does not appear to be much difference between the samples in the proportions who stopped receiving sick pay at various points in time. It therefore seems likely that a similar proportion of the one month sample would still be receiving sick pay after a year (if they were still sick) to the proportion of the twelve months sample who have received sick pay for this length of time.

It seems from the above results that whether a person receives employers' sick pay may relate to type of job, sex, age and whether the job is being kept open, all of which in turn relate to length of illness, and thus it appears that informants with longer illnesses are less likely to receive sick pay. However, we should note that a number of our informants, particularly among the longer term sick, were already receiving pensions from former employers, either because they had reached the normal retiring age for that job or because they had retired from the job on grounds of ill health.

Chapter 6 Notional supplementary benefit assessments

The DHSS asked us specifically to make assessments of the incomes of people included in this survey along the lines of the method used by the Supplementary Benefit Commission to determine eligibility for a supplementary benefit. These assessments were to be used to give a measure of income independent of factors such as family size, housing costs etc. so that we could compare the effective incomes of different groups of people.

The principle of the SBC method is to calculate a person's financial resources per week and compare them with a scale rate designed to cover the normal weekly requirements of that person and his family, plus an addition for housing costs. The scale rate takes account of household status, marital status, and age of husband and wife, and the number and age of any children. If the family's resources fall below their scale rate they would be paid the difference as a supplementary benefit. There are of course other requirements to be met before someone is eligible for benefit, e.g. the head of the family must not be in full-time paid employment, but for the purposes of this survey only the method used to calculate how much benefit is paid is relevant.

In this survey we have used a procedure designed by DHSS and based on the above method to compare people's financial circumstances. Briefly, this involves calculating a person's financial resources, deducting an amount for housing costs and comparing the result with the appropriate scale rate. However, we do not have all the information about our informants which would normally be used by the SBC in determining eligibility for supplementary benefit and so if our informants' resources appear to be below the level defined by their scale rate they are not necessarily eligible for benefit. What we do have is a measure of income based on a standard against which different people can be compared.

6.1 Method of calculating notional supplementary benefit assessments

The assessments are made for family units rather than for individuals. The resources and requirements of a husband and wife (or an unmarried couple living as husband and wife) living in the same household, together with any dependent children living with them, are added and treated as the husband's resources. Thus in this survey we needed details of the resources of both the informant and spouse where applicable. Resources comprise net earnings plus income from all other sources with the exception of interest from savings, payment from boarders (covered under housing costs) and rent from lodgers or subtenants. Standard deductions are made for subtenancies, but there are additions for lighting, heating and furnishing where these are provided. If the spouse is working the expenses of work such as travel, tools or protective clothing are also deducted.

Housing costs are those attributable to the informant, spouse and any dependent children. If any other people live in the household (e.g. non-dependent children, boarders, other relatives), housing costs have to be allocated between dependants and non-dependants. This is done by counting the number of 'units' in the household, an adult counting as one unit and a child under 16 counting as half a unit, and then calculating the informant's and his dependants' share of the housing costs based on the proportion their units form of the total. If neither the informant nor spouse is a householder a standard rate of 70p per week (1972 rate) is attributed to housing costs.

Housing costs include rent, rates, mortgage repayments and ground rent. Allowance is made for rent or rate rebates and rent holidays. In determining whether someone is eligible for supplementary benefit only the interest repayments on a mortgage are taken into account. In a survey of this nature it would be virtually impossible to find out how much of a mortgage repayment was interest as opposed to capital and so we have used the total repayment. There is an advantage in doing this as we are interested in informants' effective incomes and they are in fact paying the total amount, not just the interest. A few informants were living in rent free accommodation, usually tied to their jobs. They did not have any housing costs, but presumably their earnings would be somewhat lower to take account of this and so we did not make any adjustments.

The informant's net resources less housing costs were compared with the supplementary benefit scale rates in force at the time the interviews were carried out, i.e. winter 1972/73. These are given below:

Scale rates (2nd October 1972)

Single householder	£6.55
Married couple	£10.65
Non-householders:	
Aged 18 or over	£5.20
aged 16 - 17	£4.05
Children aged 13 - 15	£3.40
11 - 12	£2.75
5 - 10	£2.25
5 and under	£1.90

Taking the appropriate scale rate as 100 informants' net resources were calculated as a percentage so that if a person's resources exceeded his scale rate by 20% his assessment would be 120; if they fell short by 20% the assessment would be 80.

Commercial boarders presented a special problem as their entitlement to supplementary benefit is not calculated in the way described above. Their requirements are taken as the cost of their board and lodging plus £2.10 for personal expenses. Thus a scale rate is not used. If we treated boarders as non-householders using the appropriate scale rate and the 70p rent addition they might appear better off than they actually were. Since we could not assess them in the same way as other informants they were not included in these analyses.

Clearly the above calculations could only be made if all the information required were available. Thus, in addition to informants whose income information was inadequate or who were boarders, some people who were unable to give full details of their housing costs also had to be excluded. In all we were able to carry out the assessments for 87%, 85%, 87% and 88% of the four samples respectively.

6.2 Results of the assessments

Table 6.1 shows the distribution of notional supplementary benefit assessments for the four samples based on income at the time of interview or in the last week of illness.

Table 6.1 Notional supplementary benefit assessments of income during illness (Base: informants for whom assessments were made)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Under 80	7	5	9	6
80 - 99	7	8	16	13
100 - 119	14	17	21	24
120 - 149	17	18	18	20
150 - 199	20	19	17	19
200 and over	36	33	20	18
	100	100	100	100
Base:	(941)	(919)	(871)	(978)

Looking at the general level of the assessments it seems that the two shorter term samples had higher assessments than the two longer term samples. It will be remembered that there was a definite downward trend in income during illness across the four samples and so these results show that when allowance has been made for number of dependants, housing costs etc., the trend is not so marked, although the shorter term samples do seem better off than the other two.

We are particularly interested in people whose assessments were below the supplementary benefit scale rate, that is their assessments were below 100. It can be seen from Table 6.1 that there was a higher proportion of these people in the six months sample than in the twelve months sample, which in turn had a higher proportion than the other two. Although more than 13% of informants in all samples had assessments below 100 they would not all necessarily be entitled to supplementary benefit; however, it would be surprising if some were not eligible.

The assessments are not meant to determine whether someone is eligible for supplementary benefit because, as we have already pointed out, we did not have all the necessary information to do this. However, we thought it would be interesting to look at the assessments of informants who were receiving supplementary benefit. Table 6.2 shows the assessments of informants who were receiving supplementary benefit at the time of the interview if they were sick or in their last week of illness.

Table 6.2

Notional supplementary benefit assessments of people receiving supplementary benefit
(Base: informants for whom assessments were made)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
under 80	7	10	12	7
80 - 99	16	25	26	27
100 - 119	43	46	48	51
120 - 149	18	8	10	9
150 - 199	11	5	2	4
200 and over	5	6	2	2
	100	100	100	100
Base:	(76)	(98)	(173)	(230)

If the assessments did give an accurate measure of supplementary benefit entitlement and payment we would expect all these people to have an assessment of 100. In fact the majority did come within 20% of this. More informants seemed to have very high assessments than very low ones. However, some informants might be receiving payments for extra needs due to their illness, and we knew that our treatment of mortgage repayments and income from capital would cause the assessments to be somewhat inaccurate. Thus it seems that our assessments give a rough idea of the proportions of people who would be eligible for supplementary benefit but could not be used to determine this with great accuracy.

We looked in greater detail at how the assessments related to total income during illness, particularly in respect of people with assessments below 100. Table 6.3 gives the proportions of these people in the different income groups.

Table 6.3

Notional supplementary benefit assessments by income during illness
(Base: informants for whom assessments were made)

	Sample							
	1 month		3 months		6 months		12 months	
	% below 100	Base	% below 100	Base	% below 100	Base	% below 100	Base
Under £10	33	(106)	31	(105)	23	(128)	25	(146)
£11 - £20	21	(298)	23	(302)	38	(368)	28	(452)
£21 - £30	9	(298)	8	(304)	11	(250)	6	(285)
over £30	2	(246)	1	(212)	2	(124)	4	(115)

The results show few people in any sample with incomes of over £20 a week whose assessments were below 100, but there were fairly similar proportions in both the lower income groups. It seems likely that differences in number of dependants is the critical factor here; a single person with an income of under £10 a week could have a similar assessment to a couple with two children and an income of £15 a week.

We shall now go on to use the assessments to compare different groups of people, so that we can identify those who seem to be particularly badly off financially.

In Tables 6.4 to 6.6 we show the proportions of informants whose assessments fell below 100 by sex and marital status, number of children and type of job.

Table 6.4

Notional supplementary benefit assessments by sex and marital status

(Base: informants for whom assessments were made)

	Sample							
	1 month		3 months		6 months		12 months	
	% below 100	Base	% below 100	Base	% below 100	Base	% below 100	Base
Single men	12	(108)	14	(114)	24	(80)	15	(84)
Married men	13	(818)	14	(835)	26	(817)	21	(703)
Single women	17	(84)	13	(58)	20	(41)	11	(37)
Married women	8	(73)	0	(58)	5	(55)	0	(54)

Table 6.5

Notional supplementary benefit assessments by number of dependent children

(Base: informants for whom assessments were made)

	Sample							
	1 month		3 months		6 months		12 months	
	% below 100	Base	% below 100	Base	% below 100	Base	% below 100	Base
No children	11	(811)	10	(832)	23	(828)	17	(788)
1 child	12	(112)	18	(122)	31	(113)	33	(88)
2 children	15	(115)	19	(78)	27	(88)	23	(57)
3 or more children	30	(103)	28	(91)	28	(84)	24	(87)

Table 6.6

Notional supplementary benefit assessments by type of job before illness

(Base: informants for whom assessments were made)

	Sample							
	1 month		3 months		6 months		12 months	
	% below 100	Base	% below 100	Base	% below 100	Base	% below 100	Base
Professional/managerial	4	(51)	10	(82)	16	(58)	23	(57)
Other non-manual	10	(187)	8	(158)	22	(154)	11	(191)
Skilled manual	12	(384)	15	(388)	26	(342)	23	(341)
Semi-skilled manual	18	(234)	15	(233)	21	(202)	17	(245)
Unskilled manual	23	(87)	19	(95)	33	(120)	22	(143)

Married women appeared to be best off financially, which is scarcely surprising since the majority of them had husbands in full time work. Married men in the six and twelve months samples seemed worse off than in the two shorter term samples.

In all samples people with children seemed worse off than those who had none, and in the two shorter term samples people with three or more children were particularly likely to be badly off. In the six months sample, number of children did not appear to make any difference, while in the twelve months sample people with only one child were worst off. It therefore appears that the higher allowances for children payable with invalidity benefit does have an important effect in equalising the financial situations of small and large families, although people with no children at all are still in a better position.

As we have already seen, people in higher level jobs were more likely to have received sick pay than those in less skilled jobs and sick pay is an important determinant of income during illness. Therefore it is not surprising to see in the one month sample a strong relationship between type of job and notional supplementary benefit assessments. In addition, people who had been on higher incomes before their illness will receive earnings related supplement for the first six months of illness, which will also reinforce the relationship. However, the relationship becomes less marked across the samples and has vanished by the twelve months sample, few of whom, it will be remembered, were receiving sick pay by the time of the interview. To confirm the effect of sick pay on the assessments we compared the proportions of informants whose assessments were below 100 who were and were not receiving sick pay at the time of the interview. These are shown in Table 6.7.

Table 6.7

Notional supplementary benefit assessments by whether receiving sick pay at time of interview

(Base: informants for whom assessments were made and for whom income information was available).

	Sample							
	1 month		3 months		6 months		12 months	
	% below 100	Base	% below 100	Base	% below 100	Base	% below 100	Base
Receiving sick pay	3	(423)	2	(294)	2	(132)	3	(37)
Not receiving sick pay	23	(520)	19	(629)	28	(739)	20	(941)

Very few people who were receiving sick pay had assessments below 100. The differences between the shorter and longer term samples apparent in Table 6.1 are not so marked if we consider only those people who were not receiving sick pay. However, the six months sample still seems worse off than the others. We wondered whether this was because many people had a drop in income after six months when they lost their earnings related benefit. They might then become eligible for supplementary benefit, but there would probably be a gap while they tried to manage before they applied for supplementary benefit, and during this time they would be badly off. In contrast most people in the twelve months sample who were having difficulties and were likely to apply for supplementary benefit would have done so by that time. However, we cannot really prove this hypothesis for several reasons. The six months sample is composed of people who had been sick for about six months, but some of them will not have been sick for quite as long as six months and so will not have lost their earnings related benefit, if they had any.

Others, with several children, may find the increase in invalidity benefit for dependants balances the loss of earnings related benefit; still others might suffer a drop in income because their employer's sick pay stopped after six months. We found it impossible to disentangle all these factors and so cannot fully explain the lower assessments of the six months sample.

6.3 Eligibility for family income supplement

In addition to the national supplementary benefit assessment described above we were asked to determine whether any of the informants who had returned to work would be eligible for family income supplement (FIS). In this case we can assess actual eligibility, although we could not do so for supplementary benefit since less information is required and the calculations are much more straightforward.

To be eligible for FIS a person must first of all be head of a family with at least one dependent child and be in full time work. Then his gross weekly income, plus any his wife may have, is compared with the 'prescribed amount' for his family. At the time of the survey the prescribed amount for a family with one child was £20 plus £2 for each additional child. If his income falls below this amount by at least 21p he is eligible for a payment of FIS equal to half the difference between his income and prescribed amount, rounded to 10p and subject to a maximum of £5. The procedure of calculating the family's income is described in DHSS leaflet FIS 1 which includes a few small adjustments to the calculation described above, which are sometimes necessary.

We therefore looked at all informants who were heads of families with at least one dependent child and who had returned to work after their illness. As we mentioned previously, some informants were sick again at the time of the interview and we did not have any information about their income when they were back at work, and so they could not be included. Obviously informants who refused to give information about their income or who were unable to give adequate detail had to be excluded, as did those who did not give their gross earnings. Thus the number of informants for whom the calculations of eligibility for FIS could be made was eventually very small; only 1%-2% of people whose spell of illness had ended, in each of the five samples. The greatest number of informants in any one sample who appeared to be eligible for FIS was 4 out of the 86 people in the one month sample for whom the calculations were made.

We had intended to see whether people who were eligible for FIS also came below 100 on the supplementary benefit assessments. Clearly there were not enough people to do this, but we carried out supplementary benefit assessments based on income when back at work for all those informants we had looked at for FIS eligibility. Using the difference between gross income and the 'prescribed amount' for each informant and his family as one measure of income and the supplementary benefit assessment as another we could compare the two results for each informant. We looked at the agreement between the two measures for each sample. In general they agreed closely, but in a small number of cases informants seemed worse off as measured by the supplementary benefit assessments than using the FIS calculations. We examined cases where there seemed to be a large discrepancy and found the main cause was people having very different gross and net incomes, possibly because their tax was being adjusted after their illness. Other differences occurred mainly when people had much higher housing costs or work expenses than average, as FIS does not take account of these, although people with high housing costs might be eligible for help under the rent/rate rebate scheme.

Chapter 7 How sick people manage financially

In the previous three chapters we have looked at objective information about informants' financial circumstances. In this chapter we examine how they felt about their circumstances and the ways they used to overcome financial difficulties.

7.1 Financial difficulty

We asked all informants the following question:

"As far as money is concerned, have you (or your family) found it difficult to manage on your income while you have been off sick?"

Those who said "Yes" were then asked if they had found it difficult or very difficult to manage. Table 7.1 shows the answers given by informants in the four samples.

Table 7.1
Whether informants found it difficult to manage financially
(Base: all informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Not difficult	57	50	36	34
Difficult	26	29	34	36
Very difficult	16	21	30	30
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(1085)	(1079)	(1002)	(1108)

The results show clearly that more informants in the two longer term samples found it difficult to manage than in the two shorter term sick samples. We saw in earlier chapters that income during illness and supplementary benefit assessments were lower for the two longer term than the two shorter term sick samples. We therefore compared informants' opinions of how they managed for different income groups and different levels of assessments. (Tables 7.2 and 7.3)

Table 7.2
Whether informants found it difficult to manage financially by income during illness
(Base: Informants with income information)

	Sample											
	1 month			3 months			6 months			12 months		
	Up to £10 %	£11- £20 %	£21- £30 %	Up to £10 %	£11- £20 %	£21- £30 %	Up to £10 %	£11- £20 %	£21- £30 %	Up to £10 %	£11- £20 %	£21- £30 %
Not difficult	33	45	53	81	32	39	46	76	24	25	39	62
Difficult	37	28	32	16	32	36	33	18	36	38	35	24
Very difficult	30	26	15	3	36	25	21	6	40	37	26	14
	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(111)	(300)	(301)	(847)	(113)	(310)	(304)	(212)	(144)	(373)	(252)	(125)
										(168)	(452)	(287)

Table 7.3

Whether informants found it difficult to manage financially by supplementary benefit assessments
(Base: informants for whom assessments were made)

	Sample											
	1 month				3 months				6 months			
	less than 80 %	80- 99 %	100- 119 %	120- 149 %	150- 199 %	200 and over %	less than 80 %	80- 99 %	100- 119 %	120- 149 %	150- 199 %	200 and over %
Not difficult	23	24	28	48	56	83	16	16	27	39	53	77
Difficult	31	33	36	33	35	14	32	45	34	36	35	17
Very difficult	47	42	36	19	9	3	52	39	39	25	12	6
	100	100	100	100	100	100	100	100	100	100	100	100
	(62) (66) (131) (159) (184) (339)				(60) (76) (153) (165) (176) (299)				(76) (137) (184) (160) (144) (171)			
	(66) (159) (320) (197) (186) (178)											

Base:

Table 7.4
Whether informants found it difficult to manage financially by whether they had received sick pay from their employers
(Base: Informants with income information)

Received sick pay:	Sample											
	1 month			3 months			6 months			12 months		
	at interview	previously	not at all	at interview	previously	not at all	at interview	previously	not at all	at interview	previously	not at all
	%	%	%	%	%	%	%	%	%	%	%	%
Not difficult	81	56	35	78	42	34	73	32	26	74	36	30
Difficult	15	28	37	17	39	36	21	42	36	18	40	35
Very difficult	4	16	28	5	19	30	6	26	37	8	23	35
	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(431)	(32)	(496)	(297)	(81)	(561)	(134)	(104)	(655)	(38)	(151)	(816)

Table 7.2 shows that although there is a clear relationship between income and financial difficulty within each sample, the differences between the samples are still apparent. Table 7.3 shows financial difficulty is also closely related to the supplementary benefit assessments. People with very low assessments were particularly likely to find it difficult to manage financially. The relationship is more marked than for the low income groups, but as we noted in the previous chapter, the assessments of people with low incomes are strongly influenced by the number of their dependants and so the assessments probably give a better measure of their financial circumstances.

Since we have already shown the importance of employers' sick pay in determining income during illness we expected this to have a major effect on informants' subjective views of their financial circumstances. In Table 7.4 we look separately at people who were receiving sick pay from their employer at the time of interview or at the end of their illness, people who had received sick pay earlier in their illness and those who had received none. The results confirm that people receiving sick pay were much less likely to have had difficulty in managing than other informants; those who had received sick pay earlier in their illness were in a slightly better position than those who had received none at all.

We went on to look at the characteristics of informants who found it difficult to manage financially and found a very similar picture to that described in the previous chapter of informants with low supplementary benefit assessments. Since these two ways of looking at informants' financial circumstances agree closely we have not given figures for different groups of informants who had financial difficulties. The main exception was a much more marked relationship between number of children and financial difficulties than with the assessments which we would expect since the latter controls for number of dependants.

We were interested not only in whether informants had found it difficult to manage financially but also in the ways those who had difficulty had managed. We therefore asked all informants who had said they had financial difficulties whether they had had to cut down their spending on certain things and, if so, what sort of things they had cut down on. We then asked how they managed apart from cutting down. Consistent proportions of 91% to 92% in all samples said they had had to cut down. Table 7.5 shows what they cut down on and the other ways in which people managed. There was a fairly similar pattern in all samples. Many informants had to cut down on food and clothes as well as luxuries such as smoking and entertainment. Presumably those who did not normally smoke or spend much on luxuries generally were more likely to cut down on food and clothing. It should be remembered that this question did not suggest possible ways of managing to informants and so, as we will see later, more people had in fact managed by using savings than mentioned this here. In the interview the question about savings preceded this question and so it is possible that informants who had already mentioned that they had had to use some of their savings did not repeat this here.

Table 7.5

Ways in which informants managed financially while sick
(Base: informants who found it difficult to manage)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Cut down on:				
entertainment	49	53	51	54
food	50	51	49	49
clothes	72	35	41	44
smoking	24	23	26	24
children's presents/luxuries	7	5	5	4
other luxuries	20	21	22	19
Used savings	31	25	27	28
Help from relatives/friends	15	19	18	14
Other means	2	1	1	1
Base:	(462)	(543)	(642)	(734)
<i>(percentages do not add to 100 as some people used more than one way to manage)</i>				

7.2 Use of savings

Besides asking people how they had managed generally and whether they had had to cut down their expenditure we also asked some specific questions about ways they might have used to help manage. The first was about use of savings. Table 7.6 shows the proportions of informants who had savings and who used them during their illness.

Increasing proportions of informants from the one month to the twelve month sample had had to use savings during their illness. We asked how much they had used. The amounts are shown in Table 7.7.

It can be seen that not only is the proportion of informants who have used their savings higher amongst the longer term sick, but the amount they have used is also greater, although this is of course spread over a longer period of time. It can also be seen that many informants had been drawing at least £2 a week, and often considerably more, over the course of their illness.

Table 7.6

Use of savings during illness
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Used savings	35	41	51	62
Had savings but did not use	32	27	19	14
Did not have savings	33	32	30	24
	100	100	100	100
Base:	(1085)	(1079)	(1002)	(1108)

Table 7.7

Amounts of savings used during illness
(Base: informants who had used savings)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Up to £10	12	5	2	2
£11 - £20	20	8	6	4
£21 - £50	36	28	24	14
£50 - £100	19	31	28	24
£100 - £200	10	19	24	24
over £200	3	9	18	32
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(357)	(410)	(478)	(632)

7.3 Application for supplementary benefit

Informants who said they had had financial difficulty and were not already receiving supplementary benefit were asked if they had applied for supplementary benefit since they had been sick. Unfortunately when the main question on sources of income was asked several informants did not know whether they were receiving supplementary benefit: often they confused it with earnings related supplement. This meant that some people who were not in fact receiving supplementary benefit were not asked whether they had applied for it, although we eliminated answers of those informants who appeared to be receiving supplementary benefit and had been asked the question in error.

Table 7.8 below shows whether informants who had experienced financial difficulty were receiving supplementary benefit, and, if they were not, whether they had applied for it.

Table 7.8

Application for supplementary benefit by informants with financial difficulty
(Base: informants who found it difficult to manage)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Already receiving supplementary benefit	16	18	28	35
Applied for supplementary benefit	9	13	17	17
Not applied for supplementary benefit	71	66	52	45
No answer	4	5	3	3
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(462)	(543)	(642)	(734)

We have already seen in a previous chapter that higher proportions of the longer term than the shorter term sick were receiving supplementary benefit. This is still true when one considers only informants who have found it difficult to manage financially, despite there being also more of these people among the longer term sick. The longer term sick were also more likely to have applied for supplementary benefit but not be receiving it. We asked those who had applied but were not receiving supplementary benefit the reason for this. Some of the shorter term sick had not yet heard the result of their application, but the majority of informants had been told their resources were over the limit for eligibility.

Around half the informants with financial difficulties in the longer term samples and more among shorter term sick had not applied for supplementary benefit. We asked them why they had not done so. Their answers are shown in Table 7.9. Most informants said they knew they would not be entitled, although they did not always specify the exact reason why not. It is likely that they thought their income was too high, particularly if their spouse was working. Quite a number of informants did not want to apply, either because they thought the application procedure was too complicated or because they felt that to apply would be begging. Many did not know they could apply or had not bothered.

Table 7.9

Reasons for not applying for supplementary benefit

(Base: informants who had found it difficult to manage but had not applied for supplementary benefit)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Knew wasn't entitled	37	44	47	46
Husband in full time work	5	5	4	3
Wife working	10	13	14	14
Procedure too complicated	8	6	5	9
Seemed like begging	12	15	18	18
Didn't know about it	18	16	12	11
Don't know/haven't bothered	9	5	6	6
Not been sick long enough	4	3	2	0
Other answers	3	2	1	2
Base:	(331)	(360)	(333)	(330)

(percentages do not add to 100 as some people gave more than one reason)

We looked at their notional supplementary benefit assessments to give us a rough idea of how many might in fact be eligible for supplementary benefit. The proportions with assessments below 100 were 23%, 18%, 26% and 16% in the four samples respectively. However, when we looked at the assessments of informants who had applied for supplementary benefit but were not eligible we found their assessments were very similar and so we cannot really assess how many people might be eligible.

7.4 Financial commitments

How well people are able to manage on their incomes while they are sick can be affected by how much they are committed to paying for such things as life insurance, hire purchase etc. We therefore asked all informants whether they had any such regular commitment and, if so, what it was and how much they were paying per week. We found that 72% to 73% of informants in all samples had some regular financial commitment. We looked at the amount per week these people were spending, as shown in Table 7.10.

Table 7.10

Amount per week spent on regular financial commitments

(Base: informants with regular financial commitments)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
under £1.00	29	33	39	46
£1.00 - £1.99	24	25	27	25
£2.00 - £4.99	35	29	27	24
£5.00 and over	12	13	8	5
	100	100	100	100
Base:	(797)	(781)	(718)	(808)

The majority of informants in all samples were spending at least £1 a week, but those in the longer term samples tended to spend less than those in the shorter term samples. We thought this might be related to the difference in income of people in the different samples but found this was not the case; the amount spent per week was similar in all income groups.

We looked for an explanation in the nature of the financial commitments people had. Table 7.11 shows the proportions of informants with the six most frequently mentioned commitments.

Table 7.11

Nature of regular financial commitments

(Base: informants with regular financial commitments)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Life insurance	69	70	74	79
Hire purchase on household goods	32	31	27	23
Clothing club	31	28	27	26
Rental or H.P. of television	26	31	32	35
Other hire purchase	12	13	8	4
Household insurance	8	12	11	12
Other commitments	5	6	4	4
Base:	(797)	(781)	(718)	(808)

(percentages do not add to 100 as some people had more than one commitment)

The proportion of informants with life insurance increases across the samples, possibly because the longer term sick are generally older. Hire purchase commitments show a decline; presumably people with a reduced income due to illness would not take on any new commitments of this nature and might finish paying for outstanding ones during the course of their illness. We compared the commitments of informants in different income groups and found, as we had expected, that people on higher incomes were less likely to contribute to clothing clubs or to be paying hire purchase; they would presumably buy things outright. They were more likely to pay for life insurance or household insurance.

The results in this chapter show that the longer term sick are more likely than the shorter term sick to experience financial difficulties. This of course would be expected from the objective information about their circumstances already discussed. More of the longer term sick have had to use their saving to help manage and more have applied for and are receiving supplementary benefit. They have less regular financial commitments than the shorter term sick, but may have cut down in order to help their financial situation.

Chapter 8 Expenses due to illness

In previous chapters we have examined in general informants' financial circumstances while they were sick. Next we look at some specific expenses incurred by most sick people which are directly attributable to their illness, such as the cost of medicine, travelling to hospital or GP, special diets, extra heating and so on. Such expenses may be a financial burden to sick people, although they may be counter-balanced to some extent by savings in the expenses of working, for example the cost of travelling to work.

8.1 Cost of medicine

All informants were asked whether they were currently taking any medicine for their complaint or had done so at any time during their illness. Many of those who were no longer sick when interviewed had stopped taking medicine as had some of those who were still sick. Table 8.1 shows the proportions of all informants, and of sick and no longer sick informants separately, who had taken medicine at some time during their illness.

Table 8.1
Proportions of informants who had taken medicine during their illness

	Sample							
	1 month		3 months		6 months		12 months	
	% who had taken medicine	Base	% who had taken medicine	Base	% who had taken medicine	Base	% who had taken medicine	Base
All informants	80	(1085)	82	(1079)	92	(1002)	94	(1108)
Sick informants	82	(497)	90	(723)	94	(811)	94	(1029)
Non sick informants	79	(588)	81	(356)	86	(191)	91	(79)

A higher proportion of the longer term than of the shorter term sick had taken medicine in all groups, and informants who were still sick were somewhat more likely to have taken medicine than those who were no longer sick. These results presumably reflect differences in severity of the illnesses of people in these groups.

When considering details of medicines taken, we ran into a problem with informants who were no longer sick. They had been asked about medicine they were taking at the time of the interview, rather than when they were ill. We therefore did not always have information about medicine they were taking during their illness, unless they

were still taking the same medicine or had stopped taking medicine completely when their illness ended. Although we asked these people to give details of any changes in medicines they had taken and the amounts paid for them, the information was too vague to use. We therefore confine the remainder of the analysis in this section to sick informants. All sick informants who had taken medicine at any time were asked whether their medicines were obtained on prescription. This question caused confusion for some informants who did not realise that medicine obtained in hospital was on prescription, as they did not actually see the prescription themselves. However, the majority of informants in all samples (93%-96%) said they obtained all their medicine on prescription. No more than 2% in any sample were taking only non-prescribed medicine. (Up to 5% were taking both prescribed and non-prescribed medicine.) From comments on the questionnaires it seemed that non-prescribed medicines either cost less than 20p and were therefore cheaper off prescription, or were items that doctors do not normally prescribe, such as cough sweets.

Many informants were vague as to how much they spent per week on non-prescribed medicine as they were not always a regular expense. The majority of those who bought any non-prescribed medicine spent less than 20p per week on average. Thus it appears that non-prescribed medicine is not an important item of expenditure for most informants.

All those taking prescribed medicine at any time were asked how they paid for it. Table 8.2 summarises the results for each sample.

Table 8.2

Method of payment for prescribed medicine

(Base: all who had taken prescribed medicine)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Pay for each item	82	74	64	53
Exempt/claimed back	12	20	28	38
6 month 'season ticket'	*	1	2	1
12 month 'season ticket'	1	1	3	6
Free: received only in hospital	5	5	3	3
	100	100	100	100
Base:	(853)	(927)	(922)	(1029)

The results show that a higher proportion of those sick for a short time pay for each item they use, whereas those sick for longer are more likely to be exempt or to have bought a pre-payment certificate ('season ticket'). Eligibility for exemption is normally on the grounds of low income, since these informants would not be expected to qualify on the basis of age or pregnancy. People who are not exempt but need more than ten items on prescription in six months or more than seventeen items in twelve months can buy a pre-payment certificate. These cost £2 for six months or £3.50 for twelve months.

Table 8.3 shows for those sick informants paying for each item of medicine the cost per week at the time of the interview. Some informants appeared to have given details of the cost of all the medicine they had taken rather than the costs for one week. The answers were amended where they were obviously wrong but it was not always possible to tell and so the results may show a slight overestimate of the amounts spent.

Table 8.3

Amount spent per week on prescribed medicine paid for item by item
(Base: sick informants who paid for each item of medicine)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Up to 20p	70	75	85	82
21p - 40p	21	17	12	15
41p - 60p	6	5	2	2
over 60p	3	2	1	1
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<i>Base:</i>	(314)	(456)	(475)	(509)

The majority of informants were paying less than 20p per week for prescribed medicine. Those sick for a shorter time were likely to be paying more than those sick for longer. This could be due to the former taking more medicines at any one time or to their prescriptions lasting for a shorter time. Some informants mentioned that the doctor gave them a different prescription each time they saw him to start with, and only gave them a longer term prescription when he had decided which medicine was most suitable. We therefore looked at the number of items of medicine sick informants were taking at the time of the interview. Table 8.4 shows the results obtained.

Table 8.4

Number of items of medicine taken per week and paid for by item
(Base: sick informants who paid for each item of medicine)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
1 item	42	40	35	33
2 items	35	30	32	33
3 items	14	18	19	20
4 items or more	9	12	13	14
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<i>Base:</i>	(314)	(456)	(475)	(509)

Those sick longest were in fact taking more items of medicine, although their costs per week were lower. Thus it seems that doctors were giving them prescriptions that lasted a longer time. This finding is probably associated with less frequent visits to the doctor among the longer term sick.

Informants were asked whether their medical expenses had stayed the same throughout the time they were taking medicine. Although they were asked to give details of any changes in amounts paid, this information proved impossible to obtain with any accuracy. Few informants could remember what they had paid earlier in their spell of sickness; periods in hospital when medicine was free added to the confusion. We tried to summarise the available information according to whether the informants' expenses had generally gone up, down or stayed the same over the period of illness.

The proportion of those whose expenses stayed the same varied across the samples from 93% of the one month sample to 66% of the twelve month sample. The differences were accounted for by the increasing proportion whose expenses had gone down, generally because they had changed to paying by 'season ticket' or were given prescriptions that lasted longer. It is quite likely than many informants in the six and twelve months samples who paid for each item during the whole of their illness would have done better to have bought a season ticket. Clearly the difficulty lies in predicting sufficiently far ahead to be able to judge whether this would be economical.

8.2 Extra expenses due to illness

We asked informants whether they had any extra expenses due to their complaint, such as travel expenses to hospital or GP, domestic help, heating, special diets, laundry or anything else. Table 8.5 shows the proportions of all informants, and of sick and no longer sick informants separately, who had extra expenses during their illness.

Table 8.5

Proportions of informants who had extra expenses during their illness

	Sample							
	1 month		3 months		6 months		12 months	
	% who had extra expenses	Base	% who had extra expenses	Base	% who had extra expenses	Base	% who had extra expenses	Base
All informants	49	(1085)	57	(1079)	60	(1002)	57	(1108)
Sick informants	56	(497)	58	(723)	60	(811)	57	(1028)
Non sick informants	42	(588)	56	(356)	58	(181)	53	(79)

Informants who were no longer sick were slightly less likely to say they had extra expenses than were sick informants, but there were no consistent differences between the samples. For the reasons outlined in the previous section the remainder of the analysis is for sick informants only. We consider their situation at the time of the interview. Between 53% and 57% had extra expenses when interviewed. Table 8.6 shows the extra expenses informants had when interviewed and Table 8.7 shows the cost per week of these expenses. Expenses which occurred once only rather than on a weekly basis are not included here.

Table 8.6
Current extra expenses of sick informants
(Base: sick informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Heating	31	32	39	38
Travel expenses to GP or hospital	29	30	26	20
Special diets	8	11	13	12
Laundry	3	2	4	3
Domestic help	1	3	3	3
Surgical goods	1	1	1	1
Medical certificates	1	1	*	*
Other expenses	1	1	*	2
No other expenses at time of interview	47	45	43	46
Base:	(497)	(728)	(811)	(1089)

(percentages do not add to 100 as some informants had more than one extra expense)

Extra heating costs are more common amongst those who had been sick longer, possibly because these people also tend to be older. Travel expenses become less common, probably reflecting less frequent visits to the doctor or hospital. Other expenses show little variation between the four samples. Surgical goods included bandages, incontinence pads, sanitary towels, etc. Medical certificates were private certificates required by some employers for authorisation of sick pay. Other expenses included travel expenses of spouse to visit the informant in hospital or for informant to visit the DHSS office, payment for someone to look after the children, cost of extra telephone calls.

Table 8.7
Cost of current extra expenses per week
(Base: sick informants with extra expenses when interviewed)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Up to 20p	17	15	13	15
21p - 50p	13	18	14	14
51p - £1	26	23	23	26
£1.01 - £2	24	22	28	24
over £2	20	22	22	22
	100	100	100	100
Base:	(281)	(395)	(485)	(452)

The results show that nearly half those currently having extra expenses were paying over £1 per week. This means that about a quarter of sick informants in all samples were paying this amount. Although the type of extra expense varies somewhat between

the samples, the amounts paid show surprisingly little variation. It should be noted that the cost of extra heating, the most common expense, is likely to be approximate as bills are normally paid quarterly and vary with the season. Extra heating would be expected to be particularly expensive at the time the interviewing was carried out, from November to early February.

We asked informants whether they had had any extra expenses earlier in their illness which they did not have at the time of the interview. In all the samples 10% - 11% had done so, and the type of expense was also similar in all the samples. Most common were travel expenses, either for the informant visiting hospital or for the spouse to visit the informant in hospital. The other main type of expense was for things that were bought once or twice only rather than occurring as a weekly expense, such as new articles of clothing to fit over a plaster or because the informant's illness had caused a gain in weight, an orthopaedic bed, a sun lamp, elastic support bandages and so on. A few of the other expenses listed above as current expenses were also mentioned but not in significant numbers.

It seems that the incidence and cost of extra expenses due to illness are remarkably similar for informants with varying lengths of sickness. They form a significant cost for many informants, since over half the sick informants in all samples had extra expenses and half of these were paying over £1 a week when interviewed.

8.3 All expenses due to illness

In order to give a complete picture of expenses which sick informants incurred due to their illness, we have combined information from the two preceding sections. Table 8.1 and 8.6 have been combined to show in Table 8.8 the percentages of sick informants paying for medicine or for other expenses at the time of their interview.

Table 8.8
Current expenses due to illness of sick informant
(Base: sick informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Medicine	66	75	85	87
Heating	31	32	39	38
Travel expenses to GP or hospital	29	30	26	20
Special diets	8	11	13	12
Laundry	3	2	4	3
Domestic help	1	3	3	3
Surgical goods	1	1	1	1
Medical certificates	1	1	*	*
Other expenses	1	1	*	2
No expenses at time of interview	16	13	9	8

Base: (497) (723) (811) (1029)

(percentages do not add to 100 as some informants had more than one expense)

Table 8.9 combines tables 8.3 and 8.7 to show the cost of all expenses due to illness at the time of the interview. It should be noted that some informants were exempt from prescription charges or paid by season ticket and are not included in this table. For this reason we have also included Table 8.10 which includes these informants and also those with no expenses at all.

Table 8.9

Total weekly cost of all expenses due to illness at the time of interview
(Base: sick informants paying for extra expenses)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Up to 20p	30	34	32	32
21p - 50p	17	14	12	14
51p - £1	16	16	16	16
£1.01 - £2	20	20	22	20
over £2	17	16	18	18
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(394)	(591)	(653)	(781)

Table 8.10

Total weekly cost of expenses due to illness for all sick informants
(Base: sick informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Up to 20p	24	27	26	24
21p - 50p	14	12	9	11
51p - £1	13	13	13	12
£1.01 - £2	16	16	18	15
over £2	13	14	15	14
Exempt/paid by 'season ticket'	5	5	10	16
No expenses	16	13	9	8
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(497)	(723)	(811)	(1029)

Since about a third of the sick informants were paying over £1 a week on expenses due to their illness we wondered whether the amount they spent was related to their income during illness. However, we did not find a significant relationship overall, although fewer people in the lowest income group (up to £10 a week) were paying over £2 than in other income groups, which is scarcely surprising.

Chapter 9 Attitudes to the 'loss' experienced by the long term sick

9.1 Background

Invalidity benefit was introduced in 1971. It consists of invalidity pension, which normally replaces sickness benefit after this has been paid for six months, and invalidity allowance, which is an additional benefit paid to people who were more than five years below retiring age when their spell of incapacity began. The age of onset of illness determines the rate of invalidity allowance, younger people receiving more than older people.

It is known that younger people tend to have less savings, are less likely to be included in an occupational pension scheme, are more likely to have young dependent children, making it difficult for the mother to work to supplement the family income, and have a lower stock of durable consumer goods than older people. In addition those who fall chronically sick while young will have had less opportunity to enjoy the ordinary things of life. Since their overall period as chronic sick is likely to be longer they have in all more to miss than older people similarly placed. The greater amount of invalidity allowance payable at earlier ages recognises in particular this 'loss' experienced by the young, as opposed to the older chronic sick, since age tends to limit social and private life whether a person is sick or well.

In this chapter we aim to find out whether sick people themselves agree with the policy outlined above, and to what extent their views are affected by their own circumstances.

9.2 Method of investigation

We wanted to investigate informants' attitudes to 'loss' in relation to age and length of sickness, both separately and together. We did this by presenting them with three short cases. The first aimed to find out whether informants thought younger or older people should receive more benefit, irrespective of length of illness. The first case, printed on a card and given to the informant to read, said:

"First of all, think of two people: both have been sick for 6 months, both have the same number of dependants and no income apart from benefits, but one is aged 30 and the other aged 50. Do you think the younger person should get more, less or the same amount as the older person?"

If the informant answered either "more" or "less" he was asked to give reasons for his choice.

The second case aimed to find out whether informants thought the longer or shorter term sick should get more benefits, irrespective of age.

The second card read:

"Now think of two other people, both aged 50, both have the same number of dependants and no income apart from benefits, but one has been off sick for 6 months, the other for more than 5 years.

Do you think the one who has been off sick for 6 months should be paid more, less or the same amount as the one who has been off for over 5 years?"

Again, those who said "more" or "less" were asked to give reasons.

The third card asked a more general question to find out whether informants thought that 'loss' increases with length of illness, whatever the age at which it began:

"In general, do you think that a person who is off sick for a long time should be paid more, less or the same amount as time goes on (apart from increases due to the rising cost of living)?"

This method of questioning worked quite well, although we did encounter some difficulties. A small number of informants could not understand the questions sufficiently to answer, either because their English was not very good or because they were unable to grasp what the questions were about. These people, and people giving proxy interviews, have been shown separately in the tables. From the reasons given for their answers it was apparent that some people had misunderstood the word "dependants", since they said such things as: "the older one's dependants would be at work and able to contribute something". The third question caused some problems as informants often thought it was the same as the preceding question. When asked to give their answer they said "the same" which could mean either the same answer as they had given to the previous question or that people should be paid the same amount. If it was not clear from the way the answers were recorded how they should be interpreted, they were excluded.

9.3 'Loss' in relation to age

Table 9.1 shows the distribution of answers to the first question for the four samples.

Table 9.1

Should younger or older people who have both been sick 6 months get more
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
More for younger person	10	10	9	8
More for older person	8	9	9	12
Same for both	77	74	74	72
Don't know	3	4	4	3
NA/proxy	2	3	4	5
	100	100	100	100
Base:	(1085)	(1079)	(1002)	(1108)

Table 9.2
Should younger or older people who have both been sick for six months get more, by age
(Base: all informants)

	Sample																				
	1 month					3 months					6 months					12 months					
	Age:	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
More for younger person	10	10	10	10	10	10	8	13	8	9	9	7	11	9	11	7	6	6	5	6	11
More for older person	4	3	8	9	16	7	7	6	9	15	7	4	7	4	8	13	9	1	9	15	13
Same for both	80	84	75	74	72	76	78	74	74	70	75	81	78	74	72	70	86	77	71	68	
Don't know	3	2	4	3	1	5	2	2	5	4	5	3	4	3	4	5	5	1	2	2	5
NA/ proxy	3	1	4	3	1	3	5	4	4	2	7	0	2	4	5	11	6	7	6	4	
	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(242)	(176)	(199)	(277)	(189)	(163)	(126)	(210)	(333)	(245)	(87)	(90)	(177)	(326)	(320)	(66)	(73)	(148)	(355)	(462)	

The results show that the majority of informants thought that people who have been sick for 6 months should get the same amount of benefit, irrespective of their age. Those who thought age was relevant were equally divided between those who thought the younger person should get more and those who thought the older person should get more. Significantly more people in the twelve months than in the one month sample were in favour of more benefits for the older person. This presumably reflects the age differences between the samples and so we looked at the answers for the five age groups separately, as shown in Table 9.2. The proportion saying that the older person should get more benefits generally increased with the age of the informant, although there were rather more saying this in the under 30 group than in the next youngest. This result is matched by a decreasing proportion in the older age groups of those saying that both should get the same. The proportions saying that the younger person should get more benefits do not show a consistent trend. It seems that age, at any rate for those over 30, does influence answers to the question: older informants more often think that older people should get more rather than the same benefits as younger people.

The next two tables (Tables 9.3 and 9.4) show the reasons why informants thought either the younger or the older person should get more benefits.

Table 9.3

Reasons why the younger person should get more benefits

(Base: informants who thought the younger person should get more)

	Sample			
	1 month %	3 months %	6 months %	12 months %
The younger person:				
has younger dependants	61	62	64	56
spends more on entertainment	12	10	13	13
needs more (fashionable) clothes	6	10	11	13
needs more food	10	11	17	15
has been used to earning more	6	4	0	1
Misunderstood 'dependants'	15	18	8	11
Other answers	7	4	9	9
Base:	(110)	(104)	(81)	(88)

(percentages do not add to 100 as some people gave more than one reason)

As we saw from Table 9.1, overall the proportions of people thinking either younger or older people should get more were not significantly different from one another, and form the minority of answers. Table 9.3 shows that most of those who think that younger people should get more give (as the main reason) the fact that their dependants would be younger. Only two reasons appear to relate to the concept of 'loss': the younger person spends more on entertainment and needs more (fashionable) clothes, and therefore should get more benefits.

The reasons given for saying that older people should get more, shown in Table 9.4, emphasise the practical problems faced by older people when returning to work as well as while they are still sick. The two most common reasons given were that the older person will take longer to recover and will have greater difficulties finding another job, and also that he needs more money for better food, and for heating and warm clothing.

Table 9.4

Reasons why the older person should get more benefits

(Base: informants who thought the older person should get more)

	Sample			
	1 month %	3 months %	6 months %	12 months %
The older person:				
takes longer to recover	30	23	32	17
will find it more difficult to find another job	24	32	31	32
needs better food	17	14	17	14
needs more heat/clothing	11	22	7	15
has paid more stamps	18	14	13	15
is less able to help himself	8	19	21	19
has greater financial commitments	10	8	4	5
Misinterpreted question	9	4	4	12
Other answers	15	6	9	5
Base:	(88)	(100)	(90)	(132)

(percentages do not add to 100 as some people gave more than one reason)

9.4 'Loss' in relation to length of illness

Table 9.5 shows the distribution of answers to the second question, which asks whether a person off sick for 6 months should get more, less or the same benefits as a person who has been sick for 5 years, if both are the same age.

Table 9.5

Should person sick for 6 months get more benefits than person sick for 5 years

(Base: all informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
More if off for 6 months	5	6	3	3
Less if off for 6 months	37	32	39	39
Same for both	52	54	49	51
Don't know	4	4	4	3
NA/proxy	2	3	5	5
	100	100	100	100
Base:	(1085)	(1079)	(1002)	(1108)

Although more than 49% of all samples thought that both should get the same, regardless of how long they had been off sick, between 32% and 39% thought that the person off sick for 6 months should get less than the person off sick for 5 years. Very few thought that the person sick for 6 months should get more benefits. Since the majority of informants in all samples thought either both should get the same or that the person sick longer should get more, the length of the informant's illness does not seem to have an important influence on the answers.

Although the wording of the question does not suggest that the age of the informant would be likely to have a great effect on the answers, we looked at the answers for the five age groups separately. Only in the one month sample did age appear to have any effect; younger informants more often thought that both should get the same, while older informants more often thought that the person off sick for 5 years should get more. However, it should be noted that the majority of the older informants in this sample had a previous history of illness and are less likely to recover quickly, and so they may be identifying with the longer term sick.

Table 9.6 and 9.7 show the reasons informants gave for their answers.

Table 9.6

Reasons why the person off sick for 6 months should get more benefits

(Base: informants who thought the person off sick for 6 months should get more)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
To cope with the initial drop in income/after 5 years used to managing on less	32	52	48	69
He has been paying stamps more recently/has had his share after 5 years	44	30	33	13
To help him get back to work quickly	10	6	18	16
Don't know/repeated question	4	8	6	3
Other answers	6	11	6	0
Base:	(50)	(63)	(33)	(32)

(percentages do not add to 100 as some people gave more than one reason)

The main reasons given for their answers by people who thought the person off sick for 6 months should get more benefits were to cope with the initial drop in income and that a person who has been paying stamps more recently should get more benefits, a similar reason to that given for answers to the previous question for why an older person should get more benefits.

The reasons given for the person who has been sick for 5 years getting more benefits again emphasise the practical problems faced by the long term sick. Several reasons cover the same basic point: benefits are not sufficient for an indefinite period of time as people will have exhausted their savings and will need money

for things that are replaced infrequently but whose replacement cannot be deferred for ever. Only one reason touches on the concept of 'loss': a person off sick for 5 years should get more money as a compensation for his suffering and to help make his life bearable by allowing him money for a few luxuries.

Table 9.7

Reasons why the person off sick for 6 months should get less benefits

(Base: informants who thought the person off sick for 6 months should get less benefits)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Savings will be used up after 5 years	43	41	49	49
After 5 years need money to replace things	19	24	30	27
After 5 years little chance of return to work and making up money lost	21	25	18	18
A long illness involves higher costs	9	12	13	6
Should get more as a compensation for suffering/ to make life bearable	11	12	7	11
Can't manage on benefits indefinitely	10	7	3	1
Need more if off 5 years (vague)	16	14	14	14
Other answers	1	1	1	1
Base:	(405)	(350)	(391)	(429)

(percentages do not add to 100 as some people gave more than one reason)

9.5 'Loss' in relation to length of illness and age

Since from the answers to the first question informants did not seem to think that age was very important in determining how much benefit a sick person should receive, we expected that the answers to the third question (in general should people off sick for a long time get more, less or the same as time goes on) would be similar to answers to the second. This was broadly true, although there were some differences. Table 9.8 shows the distribution of answers to the third question.

Table 9.8

In general should people off sick for a long time get more as time goes on
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
More as time goes on	40	40	42	44
Less as time goes on	1	1	*	*
Same	50	48	44	43
Don't know	5	4	6	4
NA/proxy	5	7	8	8
	100	100	100	100

Base: (1085) (1079) (1002) (1108)

The differences between the four samples are more marked than for the previous question. Slightly more of the longer term sick thought that people should get more as time goes on, whereas more of the short term sick thought people should get the same. Few informants thought that people should get less as time goes on.

When we looked at the results for the five age groups separately we found differences in all the samples, not just the one month sample, (Table 9.9). Significantly more informants aged 40 and over in the first two samples or 30 and over in the other two samples thought that people should get more benefits as time goes on, while the younger informants tended to think that both should get the same.

Table 9.10 gives the reasons why informants thought that people should get more as time goes on. Too few thought that people should get less for their answers to be analysed.

The same categories were used to classify the reasons as for the previous question, so that comparisons could be made. The increase in the number of rather vague answers is probably because many informants had given detailed answers to the second question and did not bother to elaborate in answer to this question if they felt the same answer was appropriate. The higher costs of a long illness receive more emphasis here but otherwise the results are fairly similar.

Table 9.9

In general, should people off sick for a long time get more as time goes on, by age

(Base: all informants)

	Sample																			
	1 month					3 months					6 months					12 months				
Age:	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+	under 30	30-39	40-49	50-59	60+
%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
More as time goes on	29	36	45	45	44	35	35	41	42	42	31	39	42	44	43	26	38	42	49	45
Less as time goes on	2	1	1	0	1	3	2	1	1	1	1	0	0	*	*	0	1	0	0	*
Same	59	54	41	43	48	54	50	50	44	46	48	54	44	41	43	52	45	45	39	44
Don't know	6	5	6	5	2	4	2	4	5	4	8	6	7	4	6	8	6	3	3	5
NA/proxy	4	4	8	7	5	4	12	5	9	7	11	1	8	10	8	15	10	10	9	5
	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(242)	(176)	(199)	(277)	(189)	(163)	(125)	(210)	(333)	(245)	(87)	(90)	(177)	(335)	(330)	(66)	(73)	(148)	(355)	(462)

Table 9.10

Reasons why people should get more as time goes on

(Base: informants who thought people should get more as time goes on)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Savings will be used up	28	30	34	27
Need money to replace things	24	27	36	31
Little chance of return to work and making up money	9	7	8	11
A long illness involves higher costs	14	18	22	15
Should get more as a compensation for suffering/ to make life bearable	9	12	11	11
Can't manage on benefits indefinitely	15	10	4	1
Need more if off longer (vague)	24	21	19	23
Other answers	1	3	2	2
Base:	(430)	(433)	(420)	(485)

(percentages do not add to 100 as some people gave more than one reason)

9.6 Conclusions

The answers to these three questions indicate informants' preoccupation with the practical problems of coping financially while sick, rather than with the idea of 'loss'. There is little support for younger sick people getting any extra money and somewhat less than half the informants thought that people who are sick for a long time should get more benefits. Those who did, emphasised the inadequacy of benefits over a long period of time for coping with the financial demands made on the sick person.

There seems to be a commonly held opinion that the use of savings and deferring the replacement of non essential items can help for a time, but eventually savings are exhausted and items such as clothes and household goods need to be replaced, and the original level of benefit is not sufficient to meet the extra demand.

Summary of Part II: Financial circumstances

Chapter 4 Changes in financial circumstances due to illness

Before their illness started informants who were to become the longer term sick appeared to be worse off financially than those who were to become the shorter term sick. As far as we can tell this is because of differences in average earnings over the time period covered, but differences in the characteristics of informants in the different samples in terms of type of job, sex, marital status, number of dependants and age, may also be relevant.

Most informants had a lower income while they were ill than before their illness began. Those whose incomes had been highest before their illness began had the largest changes in income, but in general the longer term sick were worse off financially than the shorter term sick. The main reason for this was that they were less likely to be receiving or to have received sick pay from their employers. We found that this source of income was a major determinant of income during illness. We looked at how informants' incomes had changed over the course of their illnesses to see whether the longer term sick were worse off at the beginning of their illness or whether they had become worse off as their illness progressed. The changes occurring as a function of time were generally small in contrast to the size of the differences in income between the samples.

We asked informants who had returned to work after illness whether their earnings had been affected by their illness. A minority had been affected, but the longer term sick were more likely to have been affected than the shorter term sick.

Chapter 5 Receipt of sick pay from employers

47% of informants in the one month sample who had been employed immediately prior to their illness received sick pay from their employers at some time during their illness compared with 21% of the twelve months sample. Clearly this finding is not directly related to length of illness, but when we examined other factors which might relate to whether a person received sick pay we found that people in less skilled jobs and people with the lowest incomes before their illness started were less likely to receive sick pay. There are proportionately more of such informants among the longer than the shorter term sick. However, we also found that younger people and women were less likely to receive sick pay, which does not relate to differences in the characteristics of informants in the different samples.

As one might expect, informants who expected to return or who had returned to the same employer were more likely to have received sick pay than other informants. Thus informants who are best off financially while they are sick because they receive sick pay are also likely to find it easiest to return to work because they have a job to go to. The average amount of sick pay people received ranged from £10.00 to £10.80, most being received by informants with the highest incomes before they became ill. Sick pay formed at least 40% of income during illness for more than half the informants who received sick pay.

Chapter 6 Notional supplementary benefit assessments

We used notional supplementary benefit assessments to give a measure of income independent of factors such as family size, housing costs etc., enabling us to compare the effective incomes of people in different circumstances. Using this measure we found that the two shorter term sick samples were better off than the longer term samples. Informants with children were worse off than those who had none, and in the two shorter term samples those with three or more children were worst off. In the one month sample there was a strong relationship between the assessments and type of job, but this disappeared by the twelve months sample. It seems to be due to the relationship between type of job and likelihood of receiving sick pay, which decreased across the samples. People receiving sick pay had much higher assessments than those who did not.

We looked at whether any informants who had returned to work after illness appeared to be eligible for a family income supplement; very few seemed eligible. We compared the results for the FIS calculations with the notional supplementary benefit assessments for the same people. The results agreed quite closely, the main discrepancies occurring where people's gross and net incomes were very different.

Chapter 7 How sick people manage financially

Proportions of informants ranging from 42% of the one month sample to 66% of the twelve months sample said they had found it difficult to manage financially. Their opinions of how they managed were strongly related to their incomes during illness, their supplementary benefit assessments and whether they had received sick pay from their employer. When we looked at the characteristics of people who had found it difficult to manage financially we found a similar picture to that for people on low incomes and with low supplementary benefit assessments. We asked people how they had managed and found that many had cut down on luxuries such as entertainment or smoking, but many also had cut down their spending on food and clothes.

Despite the longer term sick being generally older only a few more of them had savings than of the shorter term sick. However, significantly more said they had had to use their savings while they were ill and they had used up greater amounts of money.

Of the informants with financial difficulties a higher proportion of the longer than the shorter term sick were either already receiving supplementary benefit or had applied for it. Those who said their application had been refused had generally been told their resources were over the limit. Those who had not applied frequently said they did not think they would be eligible, but some were deterred by the procedure or considered an application to be begging.

Almost three quarters of all informants had regular financial commitments other than food and housing, the majority spending more than £1 a week. Life insurance was the most common commitment, but hire purchase, clothing club payments and television rental were also frequently mentioned.

Chapter 8 Expenses due to illness

Proportions of informants ranging from 80% in the one month sample to 94% in the twelve months sample had taken medicine for their illness. The majority of the shorter term sick paid for each item of medicine but about half these people in the twelve months sample were exempt from payment or paid by 'season ticket'. About half of all informants had other expenses due to their illness and nearly half of these were paying over £1 a week for them. Thus the majority of informants had some expenses due to their illness and almost 30% in all samples were paying over £1 a week altogether.

Chapter 9 Attitudes to the 'loss' experienced by the long term sick

At present an additional payment is made to people receiving invalidity benefit if their illness began more than five years before retiring age, younger people receiving more than older people. The majority of our informants thought that all people who had been sick the same length of time should receive the same amount of benefit, regardless of their age. About half also thought sick people of the same age should receive the same amount if they had been sick for 6 months or 5 years, although between 32% and 39% thought someone who was sick for 5 years should get more. About half the shorter term sick but somewhat less of the longer term sick thought all should get the same as time goes on, but just over 40% thought people should get more as their illness lengthened. The reasons informants gave for their answers showed little appreciation of the concept of 'loss' which governs the additional age related benefit; they were more preoccupied with the practical problems of coping financially during illness.

Part III
**Contact with health
and social services**

Chapter 10 Contact with health services

In Chapter 2 we pointed out that in this survey we were using informants' descriptions of the complaints keeping them off work rather than medical diagnosis. These descriptions were frequently vague and misleading, particularly when the informant had more than one complaint. In addition, some informants had other longstanding complaints which were not keeping them from working, but complicated any assessment of their state of health in general. In this survey, which attempts to examine a variety of factors which affect how long a person is ill apart from strictly medical ones, we did not find it possible to assess the severity of the complaints keeping informants off work. To do this we would have had to collect a lot of detailed medical information and would probably have needed independent medical advisers to assess the information. This might have reduced the other information we would reasonably collect since we could not make the questionnaire any longer than it already was. We made an attempt to assess the mobility of informants, but we could only do this for informants who were still sick at the time of the interview, since we could not ask the question retrospectively of informants who were no longer sick. The former would be more seriously ill than informants in the same sample who were no longer sick when interviewed. We could not carry out analyses for sick informants alone without introducing a bias and so we decided not to use this measure. When the survey was first planned we had hoped to follow up the records of sick informants in the DHSS local offices and find out whether they were still sick a year later and, if not, when their illness had ended, which would have given as a measure of severity. Unfortunately we were not able to obtain this information, and so, although doubtless some of the one month sample would still be sick a year later, we do not know which particular individuals. But since we know that the longer a person has been sick the longer he is likely to be sick in future, we can say that informants in the longer term samples generally had more severe illnesses than informants in the shorter term samples.

Without definite clinical judgements it is difficult for us to assess whether the medical attention received by our informants was adequate or relevant, therefore we could not compare what attention people actually got against some standard of what might be judged as necessary. We shall therefore confine ourselves to giving a description of the medical attention received by informants in the four samples without attempting to evaluate its adequacy.

Since a significant proportion of informants had more than one complaint keeping them off work and also because we did not always know accurately what was wrong with informants we decided not to analyse the information presented in this chapter by type of complaint. Another problem was that, even using the broad classification of complaints shown in Chapter 2, there would be relatively few categories with sufficient numbers to look at in detail.

10.1 Contact with general practitioner

First we asked informants how often they saw their G.P., either at the time of the interview if they were still sick, or at the end of their illness if they were no longer sick. Their answers are shown in Table 10.1.

Table 10.1
Frequency of contact with G.P.
(Base: all informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
At least once a week	47	17	11	5
Every 2 weeks	28	35	23	12
Every 3 or 4 weeks	12	32	45	43
Every 6 to 13 weeks	1	3	13	31
Vague answer/when I feel ill	5	5	4	5
Under hospital doctor	7	7	5	5
	100	100	100	100
Base:	(1085)	(1078)	(1002)	(1108)

The longer term sick saw their G.P.s less frequently than the shorter term sick. Presumably their condition was changing more slowly and in most cases any investigations necessary to establish diagnosis and treatment would already have been carried out.

We asked informants whether they had to make an appointment to see their G.P. In all four samples 34% said they did not, while between 57% and 63% said they did; the remainder said the doctor always visited them.

Most informants had been given their last National Insurance certificate by their G.P. and so we asked how long it was for. Their answers are shown in Table 10.2.

Table 10.2
Duration of last NI certificate
(Base: informants given last certificate by G.P.)

	Sample			
	1 month %	3 months %	6 months %	12 months %
1 week or less	44	16	8	2
2 weeks	34	29	17	6
3 or 4 weeks	20	42	48	33
6 to 13 weeks	2	11	27	57
Can't remember	*	1	1	1
	100	100	100	100
Base:	(1018)	(1018)	(958)	(1068)

Comparing these results with those in Table 10.1 it appears that there is generally a high level of correspondence between frequency of seeing G.P.s and duration of N.I. certificates. The need for a certificate may determine when a patient next sees his G.P., but presumably the doctor's opinion of how quickly his patient's condition is changing will influence both how frequently he sees his patient and the period of certification. However, some informants appear to see their G.P. before they needed another certificate.

10.2 Contact with hospital

In this section we look at whether informants had visited a hospital, either as an inpatient or as an outpatient, in connection with their complaints during their present spell of illness. First we summarise in Table 10.3 the proportions of informants in the four samples who had been to hospital as inpatients or outpatients, and in the case of the latter, whether they had seen a consultant, or received tests or treatment.

Table 10.3

Proportion of informants who visited hospital as inpatients or outpatients.
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Been in hospital as inpatient	30	49	53	47
Visited outpatients:	54	71	73	70
to see consultant	34	58	64	61
to have tests	35	48	52	49
to have treatment	19	28	23	20

Base: (1085) (1079) (1002) (1108)
(percentages do not add to 100 as some people visited hospital for more than one reason)

Although informants in the one month sample were less likely than other informants to have visited hospital, there was little difference between the other three samples. There seems some evidence of an increase in hospital attendance from the one to six months samples followed by a decrease to the twelve months sample. We saw in chapter 2 that increasing proportions of informants across the samples had already had a previous occurrence of their complaint, and so many of the longer term sick may have had investigations carried out at a hospital before their present spell of illness and thus did not need to go back to the hospital again. We did in fact ask informants who had seen no doctor other than their G.P. during their present spell of illness whether they had previously attended a hospital in connection with the complaint keeping them off work. 12%, 10%, 11% and 15% in the four samples respectively, had done so, which brings the total proportion of the twelve months sample who had visited hospital at any time for their complaint to the same level as the three and six months samples (6%). Only the one month sample were less likely to have been to hospital (20%).

We asked informants who had visited hospital a number of questions about their visits. We were particularly interested in finding out whether there had been any delays

which might lead to their being away from work longer than otherwise necessary. However, this was very difficult to determine with accuracy, and so we tried several different methods of investigating this topic. We asked informants for the date they went into hospital, saw the consultant etc. with the aim of relating this to the start of the spell of illness. However, apart from the difficulty of the longer term sick remembering dates accurately, we found that this method did not give us useful information about the length of time people had had to wait for medical attention. For instance, someone might have been waiting several months for an operation but might not have been off work all the time he was waiting; conversely, someone might have a condition which changed while he was off sick so that his doctor referred him to hospital when he had already been sick for some time. We also asked informants how long they had had to wait for particular kinds of attention. We thought it would be even more difficult for informants to remember this sort of information accurately after several months than in the case of dates, since informants could often refer to hospital appointment cards to help them remember the latter, and so we asked about lengths of waits only for the one and three months samples. We did not find a very close correspondence between the first method of looking at the dates and the second of asking informants how long they had had to wait, but for the reasons mentioned above we thought the second would give the better assessment of how long people had had to wait, even though we could only look at the answers of two samples.

We therefore started by looking at how long informants in the two shorter term samples said they had had to wait before they went into hospital as inpatients. This is shown in Table 10.4.

Table 10.4

Length of wait for admission as hospital inpatient
(Base: informants who had been hospital inpatients)

	Sample	
	1 month	3 months
	%	%
No wait (emergency admission)	50	53
Less than 1 week	8	11
1 week but less than 2	6	6
2 weeks but less than 4	8	10
4 weeks but less than 8	8	7
8 weeks but less than 3 months	6	5
3 months or more	13	5
Can't remember	1	3
	100	100

Base:

(316)

(530)

It seems that informants in the one month sample may have had to wait slightly longer for hospital admission, but this may be because there were a number of informants who were still at work while waiting for a fairly minor operation, since anyone in this sample who said they had waited for over three months must have been working rather than sick from most of that time. We found that informants who went to a

teaching hospital had had to wait longer than those who went to a general hospital, even when we excluded emergency admissions who would generally go to the nearest hospital, and people whose admission was arranged by the hospital rather than their GP also had to wait longer. However, it seems likely that the sort of hospital someone goes to and who arranges the admission will depend on the nature and severity of the illness, and we have already discussed the difficulties in assessing these in a survey of this nature.

Next we looked at how long informants said they had had to wait for their first appointment with a consultant. Some informants had already seen the consultant before their present spell of illness started and so in Table 10.5 we show only those informants who were seeing the consultant for the first time.

Table 10.5
Length of waiting for first appointment with consultant
(Base: informants who were seeing the consultant for the first time)

	Sample	
	1 month	3 months
	%	%
No wait	25	24
Less than 1 week	16	15
1 week but less than 2	17	15
2 weeks but less than 4	22	24
4 weeks or more	12	17
Can't remember	8	4
	100	100

Base:

(251)

(475)

There seems very little difference in the times informants in these two samples had to wait for first appointments with a consultant. We did not find much difference in the waiting time for consultants in teaching as opposed to general hospitals, but informants who had been referred by their G.P.s had to wait longer for an appointment than those who were referred by another hospital doctor, which is not surprising.

We next looked at how long informants said they had had to wait for any tests they needed. Table 10.6 shows this for informants who had had tests.

Few informants had had to wait long for tests to be carried out, but we found that nearly all those whose tests had been ordered by a hospital doctor had not had to wait, whereas over half of those whose tests had been ordered by their G.P. had had to wait. This is presumably because many informants visit the hospital to see a consultant who orders tests that are carried out at the time of that visit, whereas informants whose G.P. orders tests will have to make a separate visit to the hospital.

Table 10.6

Length of wait for tests

(Base: informants who had had tests)

	Sample	
	1 month	3 months
	%	%
No wait	68	64
Less than 1 week	11	11
1 week but less than 2	8	7
2 weeks but less than 4	7	10
4 weeks or more	3	5
Can't remember	3	3
	<hr/> 100	<hr/> 100

Base:

(381)

(520)

Lastly we examined how long informants had had to wait for outpatient treatment in hospital. This is shown in Table 10.7.

Table 10.7

Length of wait for outpatient treatment

(Base: informants who received outpatient treatment)

	Sample	
	1 month	3 months
	%	%
No wait	62	53
Less than 1 week	16	22
1 week but less than 2	11	11
2 weeks but less than 4	3	6
4 weeks or more	3	3
Can't remember	4	6
	<hr/> 100	<hr/> 100

Base:

(204)

(303)

A higher proportion of the one month sample said they were treated immediately, but there was little difference between the two samples in the proportions who said they had had to wait more than a week; these were quite small in both cases and so this does not seem to be a large problem. Too few informants had either been treated at a teaching hospital or been referred for treatment at a hospital by their G.P. for any comparisons to be made.

Looking at the above results it seems that the longest waits were for the first appointment to see a consultant. Presumably this is because the consultant was frequently the first contact with the hospital and once this contact had been established tests and treatment followed fairly quickly. However, as explained before, we

are not in a position to say what constitutes an excessive time to wait.

The third approach we tried in investigating this topic was to ask all informants (except proxies) some general questions, first about their opinion of the medical treatment they had received and then specifically about any delays they had experienced. The first question was as follows:

'How do you feel about the medical treatment you have received since you've been ill? Are you: very satisfied, satisfied, not very satisfied or not satisfied at all?'

Table 10.8 shows the answers of informants in the four samples.

Table 10.8
Satisfaction with medical treatment
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Very satisfied	52	52	48	46
Satisfied	35	31	35	38
Not very satisfied	7	8	8	6
Not satisfied at all	2	4	3	3
Can't say	1	1	1	1
Not asked (proxy)	3	4	5	5
	100	100	100	100

Base: (1085) (1079) (1002) (1108)

The results show that most informants were satisfied with the treatment they had received and that there was little difference between informants in the different samples in this respect. We then went on to ask whether they felt that everything had been done as quickly as possible or whether there had been any delays which they thought should have been avoided. If any delays were mentioned they were asked what sort of delays these were. Table 10.9 shows their answers.

Table 10.9
Whether informants thought there were delays in medical treatment
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Everything done as quickly as possible	85	78	80	85
Delays	12	18	16	10
Not asked (proxy)	3	4	4	5
	100	100	100	100

Base: (1085) (1079) (1002) (1108)

There was no consistent trend across the samples in the proportions of informants who thought there had been delays in their medical treatment. The most frequently mentioned delay was in seeing a consultant for the first time, followed by delays in being admitted to hospital as an inpatient, delays in reaching a diagnosis before treatment could start, and delays in being referred to hospital by the G.P. Delays in having tests or treatment were also mentioned. These results are consistent with those given above which showed that the longest waits were for the first appointment with the consultant, but we had not looked at the length of time before a diagnosis was reached. We do, however, have some information about this, since we asked informants if they knew straight away what was wrong with them and, if not, when the doctor told them what was wrong. Of course we have already seen that many informants had had a previous occurrence of their illness and so would frequently know what was wrong with them when they became ill again. Other informants (10% - 11%), still did not know exactly what was wrong with them when they were interviewed, (although their doctor may have known), and so we could scarcely ask them when the doctor told them what was wrong. We asked this question about the first complaint informants had mentioned as keeping them off work in cases where there was more than one complaint, and show the answers in Table 10.10.

Table 10.10

How soon informants were told by the doctor what was wrong with them
(Base: informants whose doctor told them what was wrong with them)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Told straight away	44	50	41	47
Told within a week	33	24	20	14
Told after a week but within a month	11	12	12	11
Told after a month	12	13	28	28
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

Base: (521) (508) (419) (370)

These results show that most informants were told fairly quickly what was wrong with them, which presumably implies that their doctor had obtained sufficient information to make a diagnosis, although informants in the two shorter term samples were likely to be told sooner. However, if informants did not know what was wrong with them for some time, or did not know even by the time they were interviewed, it does not necessarily follow that their doctor did not know what was wrong. In several cases relatives of the informant told the interviewer that the informant had terminal cancer but had not been told; there may have been other similar cases we did not know about. Also we came across several cases where the informant said his doctor had told him what was wrong with him but had given him a medical name which he had forgotten, or he had misremembered it and so what he told the interviewer turned out to be indecipherable.

These results show us that most informants did not think there had been any undue delay in their medical treatment, but we cannot determine objectively whether this is true. However, it seems that if there is any delay it is most likely to be in seeing a consultant at the hospital for the first time.

In addition to trying to find out whether delays were causing informants' illnesses to be prolonged we wanted to know whether medical staff were giving sufficient consideration to the prospects and problems of informants' return to work. We asked questions on this in the context of other questions about returning to work and so we delay consideration of this topic until Chapter 14.

Chapter 11 Contact with social services

There were at the time the survey was carried out a variety of health and social services provided by local authorities which are likely to be of use to people who are sick, particularly the long term sick. In this chapter we consider a number of such services and examine whether informants were aware of them and whether they had been in touch with them. We then go on to look at whether informants expressed a need for any social services which was not being met.

11.1 Community services

First of all we listed eight services that might be used by sick people and asked informants (but not proxies) which they had heard of. Table 11.1 shows the proportions of informants who had heard of each of the following services: home help, district nurse, health visitor, hospital social worker or almoner, social worker from local council, day centre for handicapped, Citizens Advice Bureau, and meals on wheels. We also asked whether they had heard of any other services. Very few were mentioned and these were generally voluntary organisations such as WVS, St Johns Ambulance and the Red Cross.

Table 11.1

Whether informants had heard of the local authority services listed
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
District nurse	95	93	93	91
Home help	92	90	90	89
Meals on wheels	92	88	89	88
Citizens Advice Bureau	87	83	81	79
Health Visitor	82	78	79	79
Hospital social worker	70	70	69	68
Day centre for handicapped	58	56	52	54
Council social worker	43	39	39	41
Other services	*	1	1	2
None of these	1	2	1	1
Not asked (proxy)	2	3	3	4

Base:	(1085)	(1079)	(1002)	(1108)
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(percentages do not add up to 100 as some people had heard of more than one source)

Table 11.1 shows that few people had not heard of any services, but we were surprised that relatively few had heard of local authority social workers compared with the other services. A lower level of awareness of day centres for the handicapped is less surprising since only a proportion of our informants can be considered handicapped and therefore have a potential need for such a service.

We asked all informants whether they had been in touch with any of the services mentioned in connection with their complaint. Table 11.2 shows the proportions who had received help or advice from each of the eight services.

Table 11.2

Proportion of informants receiving help or advice from social services
(Base: all informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
District nurse	4	7	8	9
Home help	*	1	2	2
Meals on wheels	0	*	*	*
Citizens Advice Bureau	*	1	1	1
Health Visitor	1	3	5	6
Hospital social worker	1	4	4	4
Day centre for handicapped	0	*	*	1
Council social worker	*	3	4	6
None of these	94	83	81	76

Base : (1085) (1079) (1002) (1108)

(percentages do not add to 100 as some people received help from more than one service)

Although there was no difference between the samples in the proportions of informants who had heard of the different services, the longer term sick were more likely to have received help or advice from them. However, the proportions receiving help from any service are very low. Clearly not all these services would be relevant to all sick people, but in order to find out whether informants needed services they were not receiving we must consider their answers to another question which will be covered later in the chapter.

We had intended to look at how often informants had had contact with the various services and how satisfied they were with the help received, but since so few people had been in touch with any of the services, we did not have enough information to carry out any further analysis.

11.2 Free school meals

This is another service provided by local authorities to help people on low incomes. It is easier to decide which of our informants might benefit from this service than the other services mentioned so far, as clearly it will be used only by those with children at school who have low income. Since it is difficult

to define low income, the interviewers were instructed to ask all informants with children at school and who had said they were finding it difficult to manage financially whether they had applied for free school meals for their children and, if so, whether their application was successful. Table 11.3 summarises their answers.

Table 11.3

Applications for free school meals

(Base: informants with children at school and financial difficulties)

	Samples			
	1 month %	3 months %	6 months %	12 months %
Children already have free school meals	3	1	3	2
Applied successfully	17	28	38	57
Applied unsuccessfully	2	2	5	6
Applied, but not heard yet	3	1	1	0
Not applied	74	67	54	35
	100	100	100	100
Base:	(166)	(164)	(179)	(148)

Increasing proportions of informants with financial difficulties across the samples had applied successfully for free school meals for their children. Some of those who had not done so had children who did not stay to school meals and most of the remainder either thought they would not be eligible or did not wish to apply. Relatively few seemed unaware of this service, particularly amongst the longer term sick, and so it seems likely that most people who might be eligible and would want this service are aware of it.

11.3 Unmet need for services

Of the services we have described so far only in the case of free school meals is it fairly easy to identify the people who might need this service and there does not seem to be an appreciable number who are aware of this service. The other services are not financial and we cannot determine which of them might be relevant to any of our informants. We did ask everyone whether they felt anything else could be done to help them, apart from any services they were already receiving and, if so, what could be done. Table 11.4 shows their answers.

Table 11.4

Whether anything else could be done to help

(Base: all informants)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Some help wanted	6	8	10	10
No help wanted	94	91	89	89
Don't know	0	1	1	1
	100	100	100	100
Base:	(1086)	(1079)	(1002)	(1108)

Table 11.5
Help received and needed by sex and marital status
(Base: all informants)

	Sample				Sample				Sample			
	1 month	3 months	6 months	12 months	1 month	3 months	6 months	12 months	1 month	3 months	6 months	12 months
	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help
Single men	6	6 (164)	23	6 (189)	21	12 (163)	31	15 (182)				
Married men	6	6 (708)	15	8 (735)	18	8 (687)	23	8 (784)				
Single women	4	5 (110)	18	20 (86)	29	11 (79)	29	15 (87)				
Married women	8	5 (101)	22	7 (69)	14	18 (73)	23	11 (65)				

Table 11.6
Help received and needed by whether living alone or not
(Base: all informants)

	Sample				Sample				Sample			
	1 month	3 months	6 months	12 months	1 month	3 months	6 months	12 months	1 month	3 months	6 months	12 months
	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help	% who had received help	% who had needed help
Living alone	10	12 (74)	20	20 (70)	32	18 (75)	27	20 (114)				
Not living alone	6	5 (101)	17	8 (1009)	18	9 (927)	24	9 (984)				

Relatively few people wanted any further help. We do not of course know if this was due to ignorance of the different kinds of help available or whether most people were in fact managing adequately. The numbers of people requiring further help was too small to give figures for the types of help they mentioned, but we list these in order of the frequency with which they were mentioned:

- Someone to visit (unspecified)
- Help with cleaning/home help
- Advice on claiming benefits
- Help with housing problems (eg. housing unsuitable because of disability)
- Provision of appliances to help disability (eg. wheelchair)
- Provision of clothes, bedding, heating appliances
- Visit from health visitor/district nurse
- Occupational therapy
- Visit from LA or medical social worker
- Meals on wheels
- Someone to discuss psychiatric problems

We felt that the need for many of the services mentioned was likely to be affected by whether the sick person was married or not, and whether he or she lived alone. Table 11.5 shows the proportions of informants who had received help from the services listed previously and the proportions who said they would like help, according to sex and marital status. Table 11.6 gives the same information according to whether they were living alone or not.

Whether help has been received or is needed does not seem to be strongly related to sex and marital status; the picture is different in each sample, but married men in the longer term samples were less likely to express a need for help than women or single men. Although people who lived alone were more likely to have received help than those living with other people, twice as many of the people living alone said they needed help. It should be remembered that the type of help most frequently requested was someone to visit, which might well be associated with living alone.

From the results discussed in this chapter it appears that although the level of contact with the social services, particularly among the shorter term sick, was not very high, most informants did not express a need for social services that was not being met. People living alone were most likely to express an unmet need. However, it must be remembered that here we are only looking at expressed need. It is known that people tend to think in terms of the types of services they know exist. Even though we know whether people had heard of a number of services we cannot be sure they are aware of exactly what they might cover, particularly in the case of social workers whose roles are not always easy to define. But without an exhaustive study of people's circumstances we could not determine objectively whether they have unmet needs for any of the social services. This is virtually impossible to do in this type of survey, as the information needed to make such an assessment is often essentially qualitative in nature, or depends on a complex interaction of factors which are different for each individual.

Summary of Part III: Contact with health and social services

Chapter 10 Contact with health services

The shorter term sick saw their G.P. more often than the longer term sick, and the length of time for which certificates were given corresponded fairly closely with frequency of visits to the G.P., although some informants saw their G.P. more often than would seem necessary just to obtain a certificate. The majority of informants in all samples had visited a hospital at some time during their spell of illness, either as inpatients or outpatients. Some had not visited a hospital during this spell but had done so when they had been ill with the same complaint on a previous occasion. 20% of the one month sample and 6% of the other three samples had seen no doctor other than their G.P.

We asked informants in the one and three months samples how long they had had to wait for various kinds of medical attention. Although a significant proportion of informants in both these samples had had to wait for at least four weeks for inpatient treatment (27% and 17% respectively) some of these people would have still been at work while they were waiting. First appointments to see a consultant at outpatients were most likely to involve a wait, probably as this was the first contact most informants had with the hospital. Few informants had to wait more than a week for tests or treatment as outpatients.

We asked informants what they thought in general of the medical treatment they had received. The majority (87% to 83%) said they were satisfied or very satisfied. Between 10% and 18% said there had been avoidable delays in their treatment, most frequently in obtaining their first appointment with a consultant.

Chapter 11 Contact with social services

We found most informants had heard of eight social services which might be used by sick people, but fewer had heard of council social workers and day centres for the handicapped than of the other services we mentioned. Not many informants had received help or advice from any of the services, the proportions ranging from 6% of the one month sample to 24% of the twelve months sample, who would be expected to have the greatest need of the services.

Of informants with children at school who said they were finding difficulty managing financially, increasing proportions across the four samples were receiving free school meals for their children. Most of those who had not applied for them thought they would not be eligible or did not wish to apply.

Informants were asked whether anything else could be done to help, apart from any services they were already receiving. Between 6% and 10% said they wanted some help, frequently someone to visit rather than any specific help. People living alone were more likely than others to say they needed help.



Part IV

Returning to work



Chapter 12 Prospects of return to work

One of the main aims of this survey is to investigate the factors which affect the length of time a sick person is off work and whether anything can be done to facilitate an early return to work. In this chapter therefore we look at the prospects for return to work of sick informants, the characteristics of those unable to work again and whether sick informants appear to have a suitable job to which they can return. In subsequent chapters we examine the difficulties faced by informants who are no longer sick in returning to work, arrangements offered by employers to facilitate return to work after sickness, help given by employment services and whether attitudes to work and motivation to return have a bearing on length of sickness and likelihood of return to work.

12.1 Likelihood of return to work

We first asked all sick informants whether their doctor had said anything about their going back to work again at some time in the future and, if so, what he had said. Table 12.1 shows the answers for the four samples. At this point some informants mentioned spontaneously that they had already retired and were not intending to work again. They are also shown in Table 12.1.

Table 12.1

What the doctor has said about the likelihood of return to work
(Base: sick informants)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Able to work again	43	38	34	24
Unable to work again	1	9	19	35
Hasn't said anything definite yet	2	4	5	2
Didn't say anything	52	48	40	37
Retired, not intending to work again	1	1	2	2
	100	100	100	100

Base: (497) (723) (811) (1029)

Between 37% and 52% of sick informants said their doctor had not discussed their future return to work, although later in the interview it became apparent that some of these did not expect to work again. At this point, however, we were concerned to identify those informants who had been told definitely by their doctors that they would not be able to work again. These people were not asked any further questions concerning return to work and very few questions about their past work history. We found during the pilot interviews that inability to work again was a very distressing prospect for many informants and so we did not want to dwell on this topic more than was absolutely necessary.

The proportion of informants who were definitely unable to work again increases sharply across the samples, as might be expected. Conversely, the proportion able to work again decreases. The proportion of informants whose doctors have said nothing about return to work in the future also decreases; presumably the longer someone has been sick the more likely it is that the doctor can assess their prospects for the future.

We expected a number of different factors to be associated with prospects for return to work besides length of illness. We were particularly interested in the characteristics of those informants who had been told they would be unable to work again, as these are people who have permanently ceased to work before retiring age and it was the increase in the numbers of such people which partly gave rise to the request for this survey.

In the next table, (Table 12.2), we summarise the main characteristics of these informants and show figures for the whole of each sample for comparison. In the one month sample only 1% were unable to work again and so we cannot make any generalisations about their characteristics. However, since the other three samples present a very similar picture there is no reason to suppose they would be significantly different.

Table 12.2
Characteristics of those unable to work again compared with all informants
(Base: all informants)

	3 months		Sample 6 months		12 months	
	% of those unable to work again	% of other informants	% of those unable to work again	% of other informants	% of those unable to work again	% of other informants
Male	94	85	95	83	93	86
Aged 50 or over	96	51	93	59	93	65
With previous history of illness	84	56	76	62	76	67
Circulatory disease	48	21	46	28	50	32
Previously in non-manual job	36	26	31	27	26	27
Previously unemployed	15	8	16	12	12	15
Base:	(67)	(1012)	(154)	(848)	(380)	(748)

People unable to work again were more likely than others to be male, 50 or over, with a previous history of their illness, to have a disease of the circulatory system, and in the three months samples to have been in a non-manual job or unemployed before their illness. (These last two characteristics were independent of one another.) The differences between those unable to work again and other informants in the six and twelve months sample were less marked, but it is likely that some of these will not in fact work again, although they had not been told so definitely at the time of the interview.

The above results give us some idea of the numbers and characteristics of informants who will definitely be unable to work again, but we are still left with quite a large proportion whose doctors have not said anything to them. From the point of view of which questions were asked in the rest of the interview it was assumed that they would be able to return to work. Thus, all except those definitely unable to work again are included when we refer to those who might be able to work again.

12.2 Prospects of sick informants returning to the same job

The most important factor affecting the ease of returning to work after illness is probably whether people have a suitable job to return to or whether they have to find another one. Clearly informants who were not working prior to their illness will have to find another job and so Table 12.3 shows the working status immediately prior to illness of those sick informants who may be able to work again.

Table 12.3

Working status of sick informants prior to illness

(Base: sick informants who may be able to work again)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Working	95	89	86	83
Unemployed	5	11	13	16
Other [†]	*	*	1	1
	100	100	100	100
Base:	(483)	(649)	(640)	(651)

[†] includes housewives, students, people looking after sick relatives and people who have retired early

In addition to those informants who were not working before their illness, either because they were unemployed or for other reasons, other informants may not have their job kept open for them while they were sick. We therefore asked all those who had been employed immediately before they became sick and who might return to work whether their employer was keeping their job open for them. Some informants mentioned that they had given up or retired from their job. These are shown separately in Table 12.4, which gives answers for the four main samples.

Table 12.4

Whether employer is keeping job open

(Base: sick informants working before illness who may return to work)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Is your employer keeping your job open?				
Yes	83	71	50	33
No	11	20	36	49
Don't know	2	5	7	7
Given up job/retired	4	5	7	11
	100	100	100	100
Base:	(435)	(530)	(512)	(514)

The results show a clear decrease across the four samples in the proportions of informants whose jobs were being kept open for them. We next asked those whose jobs were being kept open whether they expected to return to the same employer. The results (Table 12.5) show a small decline across the first three samples in the proportions of those expecting to return and a sharp drop to the twelve months sample.

Table 12.5

Whether informants expect to return to the same employer

(Base: sick informants whose job is being kept open)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Do you expect to return to the same employer?				
Yes	94	89	84	67
No	3	5	7	18
Don't know	3	6	9	14
	100	100	100	100
Base:	(369)	(391)	(282)	(197)

Table 12.6 shows whether those who expect to return to the same employer also expect to return to the same type of work. Again, the proportion expecting to return to the same type of work drops across the samples and the proportion who do not expect to return increases.

Table 12.6

Whether informants expect to return to the same type of work
(Base: sick informants who expect to return to the same employer)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Do you expect to return to the same type of work?				
Yes	87	75	71	60
No	7	14	21	23
Don't know	6	11	8	17
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(348)	(348)	(286)	(183)

The next table (Table 12.7) summarises the main results from the preceding three tables in order to give an overall picture.

Table 12.7

Whether informants have a job to return to and whether they expect to return
(Base: sick informants working before illness who may return to work)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Expect to return to same type of work with same employer	69	50	33	16
Expect to return to same employer but to different work	11	17	14	11
Job may be kept open but do not expect to return	4	7	7	9
Job not kept open or don't know if job open	12	21	40	54
Given up job/retired	4	5	7	11
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(435)	(530)	(512)	(514)

In general the longer people have been sick the more likely they are to have a potential problem in returning to work owing to their not having a suitable job to which they can return. These results suggest that if employers were to keep the jobs of sick people open longer they could ease the problems of returning to work after illness, at least for those people whose jobs were still suitable for them.

In Table 12.8 we summarise the results of this section by showing the proportions of sick informants who expect to return to the same employer compared with the proportions who will have to find a new job for one of the reasons mentioned above.

Table 12.8

Whether sick informants expect to return to same employer or will have to find a new job

(Base: sick informants who may return to work)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Expect to return to same employer	72	54	37	20
Will have to find a new job	28	46	63	80
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(483)	(649)	(640)	(651)

Since these two groups have different problems they will subsequently be considered separately.

This table shows clearly the disadvantage likely to be faced by the longer term sick in having to find a new job if they return to work.

We next looked at some other factors besides length of sickness that might be associated with whether informants had a job to return to and whether they expected to return to it. The factors we examined were age, sex, type of job, whether the informant had any training or qualifications and whether he had a previous history of his complaint. The results are displayed in Figures 12.1 to 12.6. The percentages on which these figures are based are given in Appendix VII.

From Figure 12.1 it does not appear that age is strongly related to whether an informant's job is likely to be kept open or whether he expects to return to it. As we might expect, informants over 60 were most likely to have given up their jobs or retired.

Figure 12.2 shows that in the first three samples men are somewhat more likely than women to have their jobs kept open for them and to expect to return to the same employer, although they also more often expect to return to a different job. In the twelve months sample women more often have their jobs kept open and expect to return to them. These results may reflect a difference in the type of work done by men and women rather than differences in treatment by employers of the two sexes, as women tend to do lighter work than men, but men are more likely to have skilled jobs. However, this does not explain why the twelve months sample should be different from the other three.

Figures 12.3 and 12.4 show the results for different types of jobs, classified by skill level and how light or heavy the job is. It can be seen that skilled manual workers are most likely to have their jobs kept open, which probably reflects the current shortage of skilled manual workers in industry generally. However, they are not necessarily most likely to expect to return to their jobs, particularly those who have been sick longest. Those in non-manual or unskilled manual jobs are least likely to have their jobs kept open. There is not such a clear relationship with how heavy or light the job is.

From Figure 12.5 it seems that although in the two shorter term samples people with training or qualifications are more likely to have their jobs kept open, this does not apply to the longer term samples. We think this may be because informants in these samples tend to be older and presumably to have longer experience in their jobs, which probably outweighs the advantage of formal training and qualifications. There appears to be no consistent difference between the two groups in respect of whether they expect to return to the same job.

Figure 12.6 shows the most striking differences of all the factors we have examined. In all except the twelve months sample, informants whose present complaint had occurred for the first time were much more likely to have their jobs kept open than were those who had a history of the same complaint. The former were also more likely to expect to return to the same job. The results for the twelve months sample, although not statistically significant, were in the same direction; presumably a complaint which has kept someone off sick for a year must be serious in itself, regardless of whether it is the first time it has occurred.

It seems from the above that the main determinants of whether an employer keeps a sick person's job open for him are how long he has been sick, what his future health prospects seem to be, as indicated by his past history of illness, and how valuable he is to his employer in terms of his skill, training and qualifications, and experience in his work.

Whether the sick person expects to return is also affected by his health history and future prospects, and also by the type of work he does and how near he is to retiring age.

Figure 12.1

Whether informants have a job to return to and whether they expect to return, by age

Sample

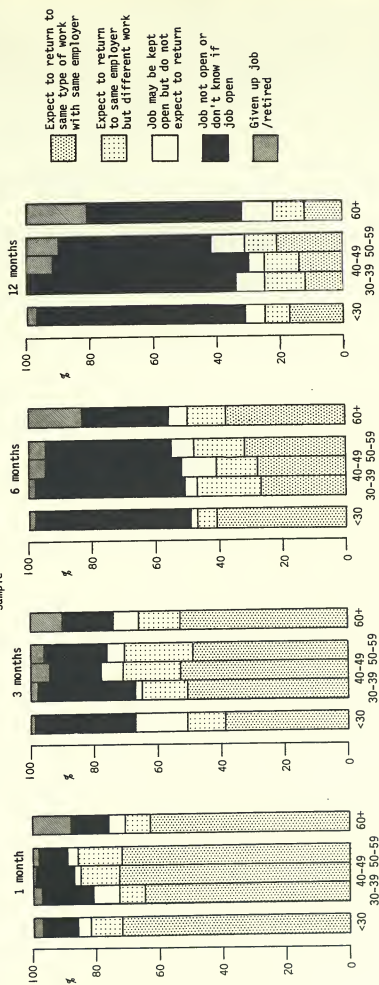


Figure 12.2
Whether informants have a job to return to and whether they expect to return, by sex

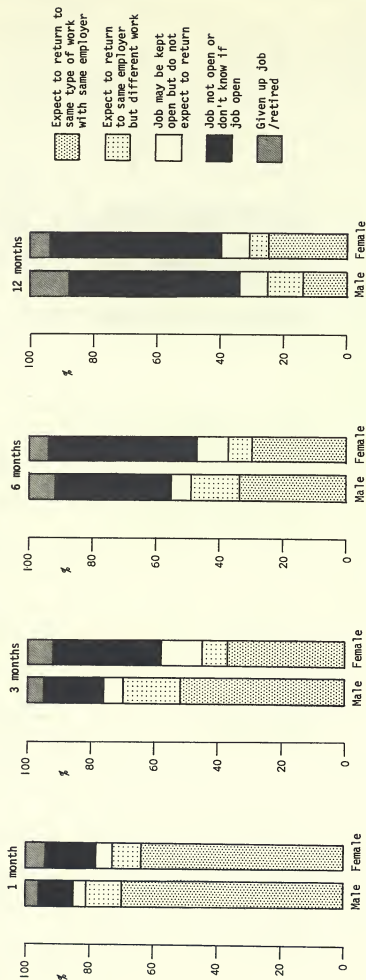


Figure 12.3
Whether informants have a job to return to and whether they expect to return, by skill level

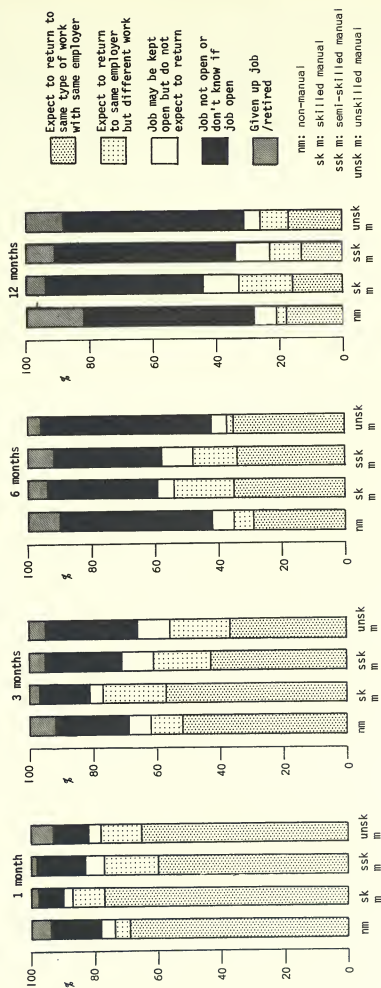


Figure 12.4

Whether informants have a job to return to and whether they expect to return, by how heavy their job is

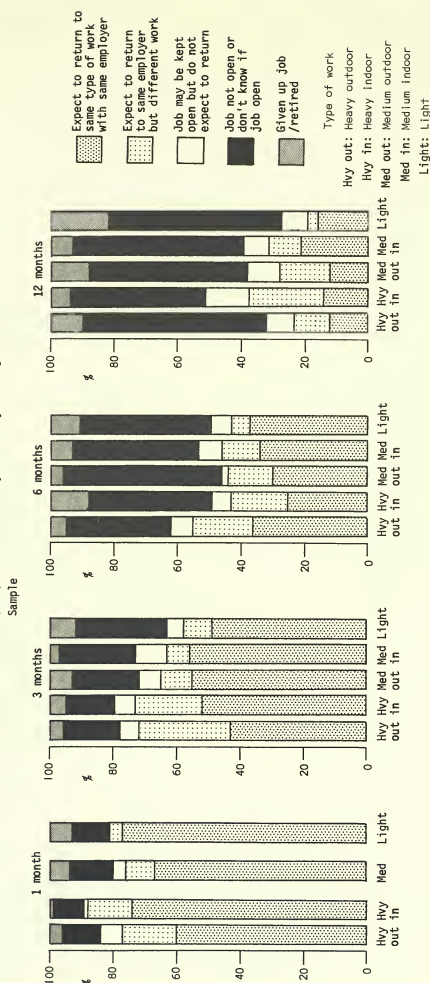


Figure 12.5
Whether informants have a job to return to and whether they expect to return, by whether they have any training or qualifications

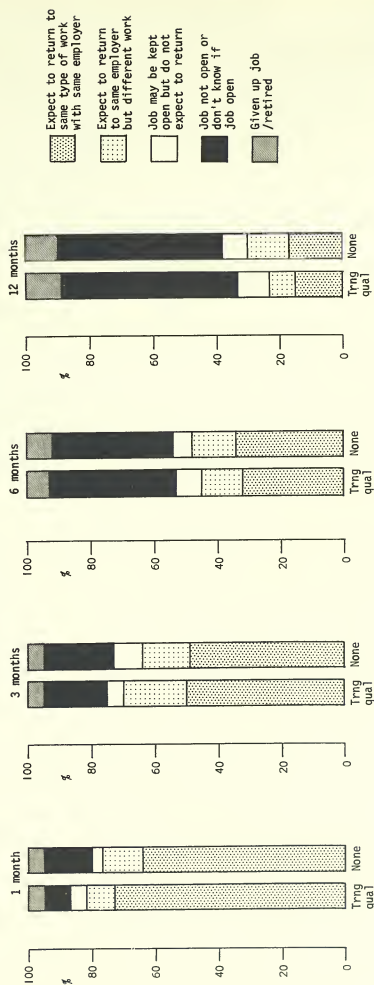
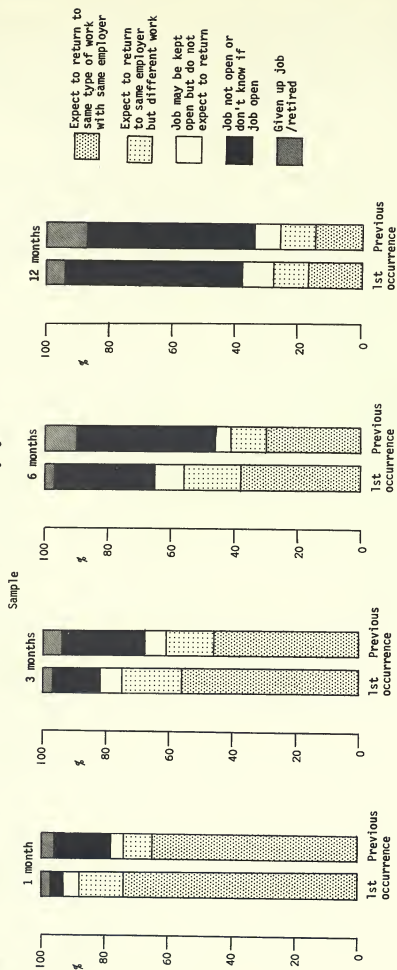


Figure 12.6

Whether informants have a job to return to and whether they expect to return, by age



Chapter 13 The return to work of those no longer sick

In this chapter we go on to consider those informants who were no longer sick when interviewed, and examine what happened when their illnesses ended. As we saw in the last chapter, whether someone was working or not before his illness has an important effect on the prospects for his return to work. We therefore start by showing the working status of these informants immediately prior to their illness.

Table 13.1
Working status of non-sick informants immediately prior to illness
(Base: informants whose illness had ended)

	Sample				
	1 month	3 months	6 months	12 months	fifth sample
	%	%	%	%	%
Working	98	95	91	85	93
Unemployed	2	4	9	13	6
Other	*	1	0	3	*
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(588)	(356)	(191)	(79)	(257)

Again the longer term sick are at a disadvantage as regards returning to work as fewer of them were employed immediately prior to their illness. In the next table (13.2) we look at the working status of these informants after their illness.

Table 13.2
Working status of non sick informants after their illness

	Sample				
	1 month	3 months	6 months	12 months	fifth sample
	%	%	%	%	%
Working	91	82	73	51	80
Unemployed	7	10	13	22	14
Retired	1	3	10	18	2
Not working (other reason)	1	5	2	9	3
NA	*	*	2	1	1
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(588)	(356)	(191)	(79)	(257)

Some informants were sick again when they were interviewed and in a few cases we did not know what they were doing immediately after their first spell of illness. These are shown in the No Answer category in Table 13.2. We should also point out that people shown as retired had not necessarily recovered from their illnesses; they had often just reached retiring age and so changed from sickness benefit to a retirement pension.

Not only were the longer term sick more likely to have retired, which in view of their age distribution is to be expected, but they were also more likely to be unemployed. This category does not include people who have stopped work permanently before retiring age by retiring prematurely or by becoming housewives. We have already pointed out that the fifth sample is not directly comparable to the other four as people who retired were not included. The 2% retired shown in the table were people who retired between the sample being drawn and the interviews being carried out. This sample is included here to emphasize the differences, and to show the relative proportions of working and unemployed, as we will be looking at these people in more detail later in the chapter.

Next we look in more detail at what happened to informants who returned to work, in relation to what they were doing before they became ill. Table 13.3 shows whether informants who returned to work returned to the same employer and/or to the same type of work. Clearly these comparisons can only be made for people who were working before they became sick; those who were not are shown separately.

Table 13.3

Whether informants returned to the same employer and/or the same type of work after their illness

(Base: informants who returned to work)

	Sample				
	1 month %	3 months %	6 months %	12 months %	fifth sample %
Returned to:					
Same employer and type of work	87	74	60	28	45
Same employer different type of work	2	7	20	23	16
Different employer, same type of work	1	2	1	8	3
Different employer and type of work	3	9	10	30	18
Not working before illness	7	7	8	13	18
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(533)	(293)	(139)	(40)	(205)

The results show that the longer term sick are far less likely to return either to the same employer or to the same type of work as before they were sick. This we might expect from the answers given by sick informants to questions about their prospective return to work, described in the previous chapter. Continuing this comparison, we examine next factors which may be associated with whether someone returns to work and, if so, whether he returns to the same employer and the same type of work. Again we have used charts to illustrate the results (Figure 13.1 to 13.6), and give the percentages on which they are based in Appendix VII. The twelve months sample was excluded as too few of them were no longer sick for detailed analyses to be carried out.

Figure 13.1 shows little difference between the different age groups in the proportions who returned to work, except that in the first three samples people over 60 were less likely to have returned. This was not true of the fifth sample, but retired people had been excluded. There was some tendency for a larger proportion of the youngest age group to have become unemployed, and for a smaller proportion to have returned to the same employer.

From Figure 13.2 it can be seen that women were in general less likely to return to work than men, either becoming unemployed or giving up work. However, men and women were not significantly different in this respect in the one month sample. In the one and three months sample women were also less likely to return to the same employer.

The relationship between return to work and skill level (Figure 13.3) is not very clear, partly because there were not enough informants in all the groups to show them separately. In three of the four samples shown, less skilled workers were more likely to become unemployed.

Figure 13.4 shows that people with a previous occurrence of their illness were only slightly more likely to return to work than those whose illness had occurred for the first time. However, in the three and six months samples, the former were less likely to return to the same employer.

How heavy informants' jobs were or whether they had any training or qualifications did not seem to affect return to work in any consistent way and so we have not shown results for these factors.

We asked all informants who had not returned to their previous job why they had not done so. Table 13.4 shows their answers. Too few of the twelve months sample had not returned to their previous job for their answers to be shown.

Other reasons mentioned included the job having finished because the work was seasonal and the job having moved or the informant being unable to reach the job. The most common reason given for not returning to the previous job was that the work was too heavy. This was particularly important in the longer term samples, as was the job not being kept open.

Figure 13.1
What happened to informants after illness, by age

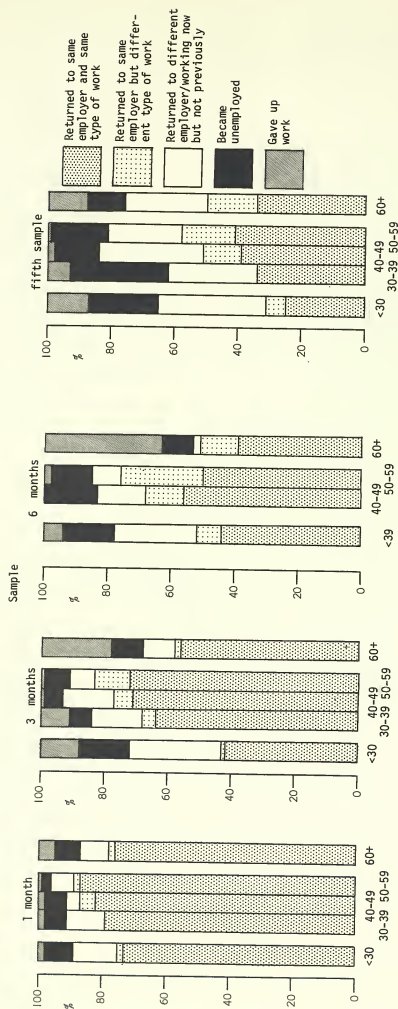


Figure 13.2
What happened to informants after illness, by sex

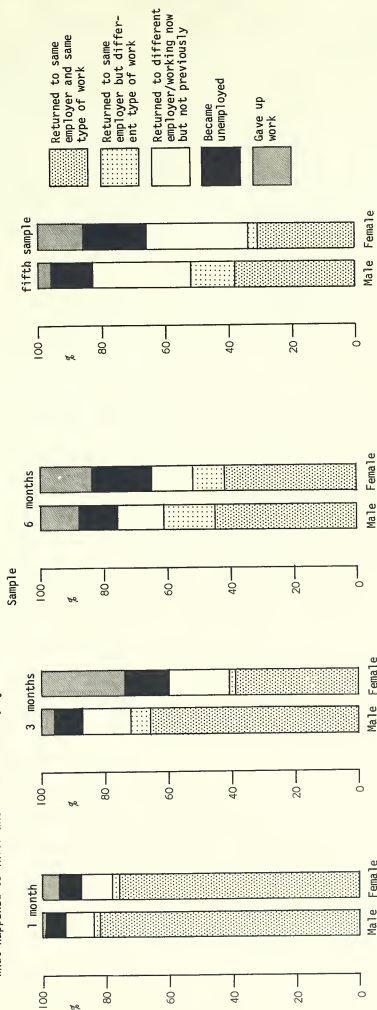


Figure 13.3
What happened to informants after illness, by skill level

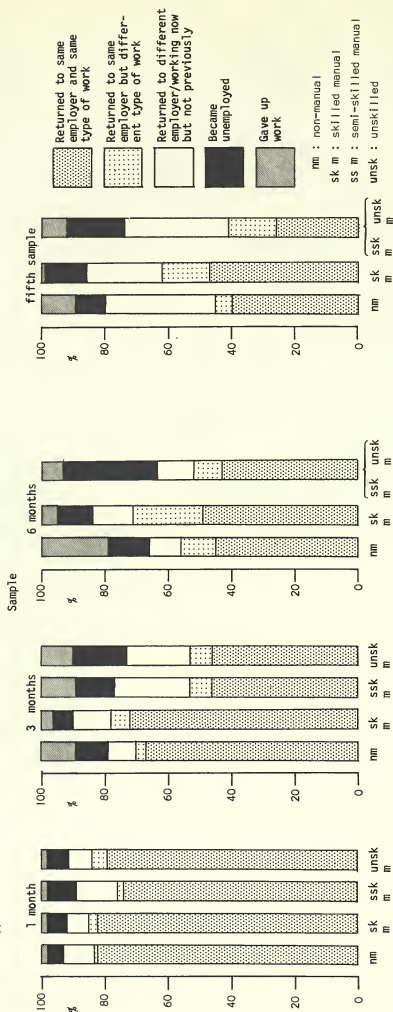
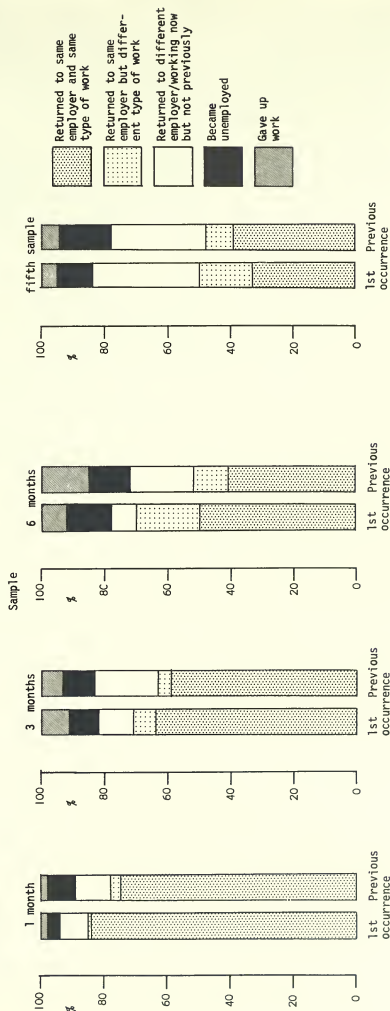


Figure 13.4

What happened to informants after illness, by whether their complaint had occurred before



For those informants who had changed their jobs we looked at what sort of changes they had made in terms of skill level. About half the informants in all samples had stayed at the same skill level; between 27% and 32% had changed from a higher to a lower level of skill, and the remaining 16% to 24% had changed to a higher level. There was no consistent difference between the samples.

Table 13.4

Reasons for not returning to previous job

(Base: informants who did not return to their previous job)

	Sample			
	1 month	3 months	6 months	fifth sample
	%	%	%	%
Job too heavy	47	57	64	60
Job not kept open	7	18	18	20
Didn't like job	33	18	8	7
Other reasons	13	7	10	13
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(33)	(54)	(44)	(74)

The results shown in this chapter for informants who were no longer sick are generally consistent with what we would predict from the answers given by the sick informants concerning what they expected to happen when they returned to work, which was described in the last chapter. The longer term sick were more likely to have had problems in returning to work at all, and many could not return to their previous job because it was too heavy or was not kept open for them. We had expected older informants to find problems in returning to work, but some of the younger informants and those who were less skilled were not able to return to work. Unfortunately there were not enough informants to compare different age and skill groups, but it seems likely that employers are less willing to keep jobs for these people if they have less to offer in terms of experience or skill.

Chapter 14 Medical advice about returning to work

In the last two chapters we identified informants who may be expected to return to work or who have already done so. We wanted to know whether their doctor or other medical advisers had said anything to them about difficulties they might face on returning to work and whether they had been given any advice. We also wanted to establish whether their doctors knew what type of work they usually did. The aim of these questions is to find out whether doctors are giving consideration to the problems sick people may face in returning to work after illness.

14.1 Sick informants

We shall consider sick informants separately from those who were no longer sick, since the former are less likely to consider problems of returning to work until their return is definite. We would not necessarily expect the doctors of all sick informants to have discussed difficulties of return to work at the time of the interview. Table 14.1 shows the proportions of sick informants who may return to work whose doctors have discussed difficulties they may face in returning to work.

Table 14.1

Whether doctors of sick informants who may return to work had discussed difficulties
(Base: sick informants who may return to work)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Doctor has discussed difficulties	25	32	36	33
Doctor has not discussed difficulties	74	68	63	67
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(483)	(646)	(639)	(651)

The proportion of informants whose doctors had discussed possible difficulties in returning to work was not very high in any of the samples. However, many informants may have been too ill to consider such difficulties at the time the question was asked, and may talk to their doctor when their return to work becomes more definite.

The proportions discussing difficulties with their doctor tended to increase across the first three samples, but decreased in the twelve months sample. A higher proportion of the shorter term than of the longer term sick will probably return to work fairly soon, and so we might expect a higher proportion of them to have discussed difficulties with their doctor. However, this was not the case. On the other hand, those returning to work after a longer illness are more likely to encounter problems and so the two effects may partly cancel one another out. But we may also expect those who have to find another job after their illness to face greater problems than those who expect to return to the same employer. We therefore examined whether they were more likely to have discussed difficulties with their doctors. The results are shown in Table 14.2.

Table 14.2

Proportion of sick informants who expect to return to the same employer and who will have to find another job whose doctors had discussed difficulties in returning to work

	Sample							
	1 month		3 months		6 months		12 months	
	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base
Sick informants who expect to return to the same employer	24	(348)	32	(348)	37	(234)	31	(133)
Sick informants who will have to find another job	30	(135)	32	(301)	37	(408)	33	(598)

There do not appear to be any significant differences between the four samples. Thus it does not seem that whether doctors had discussed possible problems in returning to work, at least at the time of the interviews, bore much relationship to whether such problems were likely.

We looked at a number of other factors which might be associated with whether a doctor gave advice, to those who were still sick, about returning to work. There was no difference between informants in different age groups or according to the physical demands of their job, but there tended to be a higher proportion of male than of female informants who had had discussions with their doctors (Table 14.3) and there was a tendency for more people in professional or managerial jobs to have had discussions than people in other non-manual jobs (Table 14.4).

We also noticed in several of the groups shown below and on the previous page the trend mentioned previously of an increase in the proportions talking to their doctor over the first three samples followed by a decrease in the fourth sample. It is possible that after sickness lasting between six months and a year some doctors feel that the chances of returning to work are not very great, but may not have felt it appropriate to discuss this with their patients, by the time the interviews were carried out.

Table 14.3

Proportion of sick men and women who may return to work whose doctors had discussed difficulties in returning to work

	Sample							
	1 month		3 months		6 months		12 months	
	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base
Men who may re- turn to work	27	(407)	33	(561)	39	(531)	33	(558)
Women who may re- turn to work	16	(76)	24	(87)	25	(108)	28	(93)

Table 14.4

Proportion of sick informants who may return to work with jobs in different skill categories whose doctors had discussed difficulties in returning to work

	Sample							
	1 month		3 months		6 months		12 months	
	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base	% whose doctor had discussed difficulties	Base
Professional/ managerial	28	(38)	35	(60)	41	(63)	28	(46)
Other non manual	19	(91)	31	(102)	27	(113)	29	(132)
Skilled manual	30	(187)	32	(260)	42	(234)	36	(228)
Semi skilled manual	21	(115)	32	(152)	32	(144)	37	(153)
Unskilled manual	24	(54)	35	(74)	38	(85)	24	(91)

We asked all sick informants who had discussed the difficulties of returning to work with their doctor whether they had given any advice and, if so, what kind of advice. Table 14.5 shows the answers.

The longer term sick were somewhat more likely to have been given advice, but the type of advice given does not vary consistently between the samples. About two thirds of these informants in all samples had been given the advice by their G.P. and most of the remainder by a hospital doctor. A few had been given advice by someone else at the hospital, such as a nurse or physiotherapist. We compared the advice given to informants who expect to return to the same employer with those who will have to find another job. The latter were more likely to have been given advice which would involve them in changing their job, as we might expect, whereas the former were more likely not to have been given any specific advice.

Table 14.5

Advice given to sick informants about difficulties in returning to work
(Base: sick informants whose doctor had discussed difficulties)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Find lighter work	36	45	50	37
Find a job with better physical conditions	10	5	10	9
Don't go back to old job (no reasons)	8	10	3	24
Don't go back to work yet	15	7	7	5
Take it easy at first	10	8	10	4
Find a job with less responsibility/stress	2	5	6	2
Find a job with shorter hours/no overtime	5	6	6	3
Retire	3	2	3	5
Other answer	3	6	6	7
No advice given	21	18	16	11

Base: (121) (208) (232) (211)
(percentages do not add to 100 as some people were given more than one kind of advice)

We asked all these informants whether their doctor knew what job they did and what it involved. Table 14.6 overleaf gives their answers.

It seems that most doctors knew what jobs their patients did. We also found, as might be hoped, that doctors who had discussed the difficulties of their patients' return to work almost always knew what job they did.

Table 14.6

Whether sick informants' doctors know what their jobs involved
(Base: sick informants who may return to work)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Does your doctor know what job you did and what it involved?				
Yes	85	87	87	89
No	12	12	9	8
Don't know	3	2	4	3
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(483)	(648)	(639)	(650)

14.2 Informants who were no longer sick

As we pointed out before, it is difficult to assess whether any more doctors ought to be discussing returning to work with sick informants as many of them will not be ready to return to work for some time. However, in the case of informants who were no longer sick when interviewed we are in a better position to evaluate the situation. Table 14.7 shows the proportion of informants who had returned to work or become unemployed whose doctor had discussed difficulties of returning to work, and then separately for informants who returned to the same employer compared with those who returned to another job or became unemployed.

The results show that the longer term sick were more likely to have discussed difficulties with their doctor than were the shorter term sick, but those who did not return to the same employer were, on the whole, less likely to have done so, although we would expect them to face greater difficulties in returning to work. Clearly some informants, especially among the shorter term sick who returned to their old jobs, would not be expected to have any problems about returning to work, and therefore would not necessarily have talked to their doctor about this; but people who have to find another job would be expected to have some difficulties and so the results do indicate a need for more doctors to discuss this with their patients.

Table 14.7
Proportions of informants who had returned to work or become unemployed whose doctors had discussed difficulties

	Sample				
	1 month	3 months	6 months	12 months	fifth sample
	% whose doctor had discussed difficulties <i>Base</i>	% whose doctor had discussed difficulties <i>Base</i>	% whose doctor had discussed difficulties <i>Base</i>	% whose doctor had discussed difficulties <i>Base</i>	% whose doctor had discussed difficulties <i>Base</i>
Informants who had returned to work or become un- employed	32 (576)	44 (388)	45 (388)	59 (188)	52 (343)
Informants who returned to the same employer	33 (477)	49 (238)	50 (238)	(11)	63 (136)
Informants who returned to a different employer or became un- employed	30 (99)	38 (90)	42 (90)	62 (56)	45 (38)

We looked at other factors which might be associated with whether doctors have discussed difficulties of returning to work, as we did with the sick informants. The twelve months sample was omitted as there were too few people for further analysis. Only in the case of male and female informants was there any consistent difference. This result is shown in Table 14.8.

Table 14.8

Proportion of men and women who have returned to work or become unemployed whose doctors have discussed difficulties

		Sample							
		1 month		3 months		6 months		fifth sample	
		% whose doctor had discussed difficulties		% whose doctor had discussed difficulties		% whose doctor had discussed difficulties		% whose doctor had discussed difficulties	
		Base		Base		Base		Base	
Men who have re-turned to work or become unemployed		34	(447)	46	(282)	51	(140)	54	(212)
Women who have re-turned to work or become unemployed		22	(120)	33	(46)	(6)	(28)	28	(31)

The difference between the sexes is very marked, as it was with the sick informants, and leads one to ask why doctors are treating working women differently.

We asked informants who were no longer sick what advice they had been given. Their answers were similar to those of the sick informants and are shown in Table 14.9. As with the sick informants advice was given mainly by G.P.s, but in between a quarter and a third of the cases by hospital doctors and in a few cases by other hospital staff.

Table 14.9

Advice given to non-sick informants about return to work
(Base: non-sick informants who had been given advice)

	Sample			
	1 month %	3 months %	6 months %	fifth sample %
Find lighter work	32	41	52	50
Find a job with better physical conditions	8	5	5	5
Don't go back to old job (no reasons)	3	7	5	6
Don't go back to work yet	13	11	7	3
Take it easy at first	28	16	23	19
Find a job with less responsibility/stress	3	5	4	5
Find a job with shorter hours/no overtime	4	5	4	6
Retire	0	3	4	3
Other answer	4	2	3	
No advice given	20	18	11	20
Base:	(182)	(153)	(84)	(129)

We also asked these informants whether their doctor knew what job they did and what it involved. Table 14.10 shows that the majority of doctors knew what jobs their patients did.

Table 14.10

Whether non-sick informants' doctors knew what their jobs involved
(Base: informants who returned to work or became unemployed)

	Sample				
	1 month %	3 months %	6 months %	12 months %	fifth sample %
Does your doctor know what job you did and what it involved?					
Yes	90	90	89	98	89
No	9	9	9	2	10
Don't know	1	2	2	0	1
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base:	(576)	(328)	(188)	(58)	(243)

The main finding emerging from this chapter is that the majority of sick informants had not discussed any possible difficulties in returning to work with their doctors at the time of the interview, and this was unrelated to how long they had been sick and whether they expected to return to the same employer. The proportion who had discussed difficulties with their doctor amongst those who were no longer sick was higher in all samples, but particularly among the longer term sick.

We may therefore expect many more of the sick informants to discuss problems with their doctors before they actually return to work. Of course we cannot assume that everyone who has been sick for more than a month ought to discuss returning to work with their doctor; such a discussion might be unnecessary or unwelcome. But when someone who has been sick for quite a long time is nearly ready to return to work it does not seem unreasonable to expect his doctor to make sure that the work he will return to is suitable from a medical point of view, or, if he has to find another job, to advise him as far as possible on any constraints affecting his choice of work. Yet these results show that many doctors of those informants who did not return to their previous employer had not discussed the problems of returning to work, although these people are particularly likely to face problems.

There can, however, be problems. Some people are going to have great difficulty finding any kind of work, let alone a job that is suitable for their state of health; older people who have been sick for a long time are particularly likely to have this problem. We know that some of our informants said that they could not follow the advice of their doctors to find a lighter job because such jobs were not available. They may be faced with a choice between a job that is not suitable for them and unemployment, although we are aware that some doctors will not sign a patient off until they are sure he does have a suitable job.

Chapter 15 Arrangements made by employers to help return to work

In this chapter we look at informants who expect to return to their previous employer or who have already done so. We wanted to find out whether employers are helping people to return to work after illness by arranging for them to do lighter work, shorter hours or anything else that would make their return easier. We also wanted to know whether informants whose employers had not offered to do anything thought any such arrangements would be helpful to them.

Table 15.1 shows the proportions of those expecting to return to the same employer whose employers have suggested something to make it easier for them to return to work. Although the proportions vary from 10% to 19%, there is no consistent trend across the samples.

Table 15.1

Whether employer has suggested anything to facilitate return to work
(Base: sick informants expecting to return to same employer)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Employer has suggested something	10	19	13	17
Employer has not suggested anything	89	81	87	83
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(347)	(348)	(236)	(133)

We next looked at the results separately for the five age groups but found no consistent differences between them. We also looked at type of job, classified by level of skill and whether the job was heavy or light (Tables 15.2 and 15.3). It seemed from both tables that people in light or non manual jobs were more likely to have employers who had suggested arrangements, but the other job categories showed no definite trends. In the three and six months samples we found that women were more likely to have had arrangements suggested than were men (Table 15.4), but this was not so for the other two samples. We thought that employers who were paying sick pay might be more likely than others to suggest arrangements but we found no significant differences between these and other employers.

Table 15.2

Whether employer has suggested anything to facilitate return to work, by skill level of job

(Base: sick informants expecting to return to same employer)

	Sample							
	1 month		3 months		6 months		12 months	
	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base
Non manual	16	(79)	24	(75)	20	(41)	(5)	(25)
Skilled manual	10	(152)	15	(154)	14	(104)	16	(58)
Semi-skilled manual	5	(80)	24	(80)	8	(60)	(7)	(29)
Unskilled manual	14	(35)	17	(35)	9	(32)	(2)	(20)

() denotes number not percentage

Table 15.3

Whether employer has suggested anything to facilitate return to work, by physical nature of job

(Base: sick informants expecting to return to same employer)

	Sample							
	1 month		3 months		6 months		12 months	
	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base
Heavy outdoor work	11	(82)	17	(105)	11	(73)		
							22	(80)
Heavy indoor work	10	(114)	24	(80)	11	(38)		
Medium work	12	(95)	14	(113)	11	(90)	13	(63)
Light work	11	(58)	25	(49)	23	(38)	(4)	(20)

() denotes number not percentage

Table 15.4

Whether employer has suggested anything to facilitate return to work, by sex

(Base: sick informants expecting to return to same employer)

	Sample							
	1 month		3 months		6 months		12 months	
	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base	% whose employer suggested something	Base
Male	11	(301)	17	(315)	11	(201)	18	(109)
Female	11	(47)	36	(33)	22	(38)	(3)	(24)

() denotes number not percentage

We asked informants whose employers had suggested something to help them what had been suggested. The arrangements they had been offered are shown in Table 15.5

Table 15.5

Arrangements suggested by employer

(Base: sick informants whose employers suggested something)

	Sample			
	1 month %	3 months %	6 months %	12 months %
What sort of thing has he suggested?				
Lighter work	65	70	50	(13)
Shorter hours	30	17	37	(9)
Taking things easy	14	6	3	(0)
Having an assistant/delegating	3	11	0	(0)
Working different hours	3	2	3	(2)
Change in physical work environment	3	3	7	(2)
Other suggestions	0	2	7	(1)
Base:	(37)	(66)	(30)	(23)

(percentages do not add to 100 as more than one arrangement could be suggested)

As so few employers had suggested anything, we could not see whether different arrangements were associated with type of job, age, sex, etc. Lighter work or shorter hours were most frequently mentioned, although it should be remembered that these two were specifically mentioned in the question, which may have influenced the results.

Although few employers had suggested anything at the time of the interview it does not mean they will not do so at a later stage. It seems likely that an employer would not consider practical arrangements until the informant was almost ready to return to work. It is therefore important to know whether informants would like any arrangements to be made and whether they think their employer is likely to agree to this. We therefore asked informants whether they felt that any arrangement not already mentioned would facilitate their return to work and whether they thought their employer would agree to it. Table 15.6 overleaf shows the proportions who felt that something could be done to help, Table 15.7 shows the arrangements they would like and Table 15.8 shows, for each arrangement that informants mentioned, whether they felt their employer would arrange it if they asked.

Although the proportions of informants whose employers had suggested something already did not vary consistently between the four samples, there was an increase across the samples in the proportions who would like something done that had not already been suggested. Table 15.7 shows that lighter work and shorter hours were mentioned most often, as before, but changes in the physical working environment (e.g. not having to work in the open, in dust, in fumes) and transport to work feature more prominently. Working at one's own pace or taking things easy was rarely mentioned, but it is not a very specific thing to ask for. Overall it appeared that informants thought that at least a third of their suggestions could be arranged by their employers; a decreasing proportion of arrangements from 35% to 17% across the samples would expect to receive an outright refusal. It therefore appears that, particularly for the longer term sick (although not many of them expect to return to their previous employers), there is a lot that employers could do to help people return to work after a period of illness and that these informants thought that there was a fair chance of some of the things they wanted being done.

Table 15.6

Whether anything (else) could be done to facilitate return to work

(Base: sick informants expecting to return to same employer, excluding proxies)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Do you think anything (else) would make it easier for you to go back to work?				
Yes	19	26	34	35
No	73	68	56	55
Don't know	8	6	10	10
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base :	(341)	(337)	(281)	(122)

Table 15.7

Arrangements informant would like employer to make

(Base: sick informants who would like arrangements made)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Lighter work	56	74	67	60
Shorter hours	26	33	37	13
Working at own pace	0	0	7	0
Having an assistant	4	2	3	6
Working different hours	3	5	1	6
Change in physical environment	15	3	3	13
Transport to work	7	7	8	8
Other arrangements	3	6	1	4
Base :	(73)	(88)	(76)	(48)

(percentages do not add to 100 as some informants wanted more than one arrangement)

Table 15.8

Whether informant thought his employer would arrange what he wanted

(Base: number of arrangements mentioned)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Do you think your employer would arrange this for you if you asked him?				
Yes	39	42	49	36
No	35	33	24	17
Don't know	26	25	27	47
	<hr/> 100	<hr/> 100	<hr/> 100	<hr/> 100
Base :	(83)	(114)	(96)	(53)

We felt that views of other people at work besides employers might affect the feasibility of any arrangement suggested and so we asked all informants who had mentioned any arrangements, either those suggested by their employer or those they would like, whether they thought the people they worked with would have any views about the arrangements. Table 15.9 shows that the majority in all samples thought that people would have no views or would not mind. No more than 8% in any sample felt that their colleagues would object. This does not therefore appear to present a serious obstacle to most of the arrangements mentioned.

Table 15.9

Whether people at work have any views about arrangements mentioned
(Base: sick informants who mentioned arrangements)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
No views	63	60	69	55
Would not mind	22	17	18	18
Would object	4	6	5	8
Don't know if they would have any views	11	17	8	18
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(81)	(128)	(87)	(49)

Next we looked at whether informants who had returned to their previous employer after their illness had been offered any arrangements to facilitate their return. Table 15.10 shows the proportions who said their employers had suggested something to help them return to work. Figures for the twelve months sample are not shown as too few had returned to the same employer, but the fifth sample is included to give a more complete picture.

Table 15.10

Whether employer suggested anything to facilitate return to work
(Base: informants who returned to the same employer)

	Sample			
	1 month	3 months	6 months	fifth sample
	%	%	%	%
Employer suggested something	22	35	58	56
Employer did not suggest anything	78	65	42	44
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base:	(450)	(224)	(108)	(115)

Although there appears to be a greater likelihood of an employer suggesting something to help return to work the longer a person has been away sick, it should be noted that these are employers who have kept informants' jobs for them while they were sick. It may be that employers who keep jobs open longest are most likely to suggest arrangements to help return to work.

Comparing figures in Table 15.10 with those for sick informants shown in Table 15.1 we see that, as we might expect, a higher proportion of informants who have returned to work have had arrangements offered to them. However, there is no reason to suppose that the employers of the sick informants will not make some arrangements when their return to work is definite. As we have seen, many of these informants thought their employers would arrange things to help them if they asked. Since relatively small numbers of informants have returned to their previous employers we cannot examine the characteristics of those whose employers made arrangements to help them return, as we have done for the sick informants. But we can show the kind of arrangements suggested (Table 15.11).

Table 15.11
Arrangements suggested by employers of informants who have returned to work
(Base: informants whose employers suggested something)

	Sample			
	1 month	3 months	6 months	fifth sample
	%	%	%	%
What sort of thing did he suggest?				
Lighter work	50	61	72	81
Shorter hours	22	26	17	19
Taking things easy	16	12	8	18
Having an assistant/delegating	13	7	6	2
Working different hours	7	5	8	3
Change in physical work environment	8	8	8	5
Transport to work	0	4	3	3
Other suggestions	2	2	6	2
Base:	(104)	(85)	(64)	(67)

(Percentages do not add to 100 as some people mentioned more than one arrangement)

As with sick informants lighter work is mentioned most frequently, followed by shorter hours and taking things easy.

Informants who had returned to their previous employer were asked whether they felt any other arrangements would have helped their return to work. Table 15.12 shows their answers.

Table 15.12

Whether any other arrangements would have made return easier

(Base: informants who returned to the same employer, excluding proxies)

	Sample			
	1 month %	3 months %	6 months %	fifth sample %
Do you think anything (else) would have made it easier for you to go back to work?				
Yes	11	13	14	14
No	87	86	86	86
Don't know	2	1	0	0
	100	100	100	100
Base:	(448)	(219)	(103)	(113)

The proportions wanting any other arrangements are quite small, and similar in all samples, although the longer term sick were more likely to have had arrangements suggested to them. It seems therefore that in most cases employers are offering as much as informants feel necessary to help them return to work after illness. Since so few people wanted any other arrangements we cannot give details of the type of arrangement mentioned.

It is interesting to note that among sick informants similar proportions in all samples had had arrangements suggested to them, but the longer term sick were most likely to say they would like arrangements made. Among informants who had returned to work, the longer term sick were most likely to have had arrangements offered to them, whereas similar proportions in all samples felt something else could have been done to help them. It seems likely that this difference merely reflects that for many of the longer term sick return to work is not yet under consideration, but employers who hold jobs open until they return may well also offer any arrangements which may ease the return to work.

Chapter 16 Contact with employment services

In Chapter 12 we saw that quite a number of informants who might be expected to return to work, particularly among the longer term sick, did not expect to return to their previous employer. This might be because their old job was no longer open or because the work involved was no longer suitable and there was no possibility of changing it. It is these people who we would expect to make most use of the services offered by the Department of Employment, to obtain either help or advice about finding another, suitable job, or about rehabilitation or re-training if these are necessary. Similarly, amongst informants who were no longer sick when interviewed, we would expect those who had returned to a different employer or become unemployed to be most likely to have been in touch with the Department of Employment. In this chapter we therefore look at the use made of the Department of Employment's services by these two groups of informants and whether they appeared to need any further help or advice regarding work. If people are finding difficulty in obtaining suitable work after a period of illness they may become unemployed, or they may remain apparently sick because their doctor is unwilling to certify them as fit to work unless they can return to a suitable job.

16.1 Sick informants

First we look at informants who were still sick when interviewed and who may be returning to work but not to their previous employer. All had been asked whether they had been in touch with their local employment exchange (now called an employment office) or Disablement Resettlement Officer. When considering the proportions who had done so, (Table 16.1), it must be remembered that people are not likely to give much consideration to the problems of returning to work until their return is imminent. Thus although the results show that few informants had been in touch with either of these services this is not in itself a cause for concern. However, we can assume that those who have been in touch are expecting to return to work fairly soon and so we wanted to know whether they had received all the help and advice they needed. We asked specifically whether they had been recommended to apply to an industrial rehabilitation unit (now called an employment rehabilitation centre) or to a Government Training Centre (now called a skill centre), and what other help they had been given. The proportions in each sample who had received various kinds of help and advice are shown in Table 16.2.

Table 16.1

Contact with employment exchange and Disablement Resettlement Officer by sick informants

(Base: sick informants who may return to work but not to previous employer)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Been in touch with:				
employment exchange	13	11	15	11
DRO	9	8	10	8
neither	83	84	79	84
Base:	(135)	(301)	(406)	(536)

(percentages do not add to 100 as some informants had been in touch with both)

Table 16.2

Help or advice received from Department of Employment

(Base: sick informants who may return to work to a different employer who had been in touch with DE's services)

	Sample			
	1 month %	3 months %	6 months %	12 months %
Advised to apply to IRU	(1)	13	18	22
Advised to apply to GTC	(0)	2	0	6
Trying to find informant a job	(3)	11	16	6
Other help or advice	(1)	2	0	4
No help or advice received	(18)	77	71	67
Base:	(23)	(47)	(83)	(88)

(percentages do not add to 100 as more than one kind of help or advice may be received)

It appears that the majority of those who had been in touch with their employment exchange or DRO had not received any help or advice. We next consider whether these informants in fact wanted any help or advice about work. Their answers are shown in Table 16.3.

Table 16.3

Whether sick informants who had been in touch with DE wanted any further help or advice about work

(Base: sick informants who may return to a different employer who have been in touch with DE)

	1 month	Sample		12 months
		3 months	6 months	
		%	%	%
Wanted help or advice	(9)	38	47	43
Did not want help or advice (or not yet)	(11)	59	53	56
Not asked - proxy	(3)	2	0	0
		100	100	100
Base:	(23)	(47)	(83)	(88)

From the above results it seems that quite a number of informants who had been in touch with the Department of Employment still required more help or advice about work. These were generally the people who said they had not received any help or advice although there are too few to show this. Next we look at those who had not been in touch with DE, although they were not expecting to return to their previous employer when they returned to work. Not all these will be considering their return to work yet, but we asked them whether they would have liked any help or advice about work. Their answers are shown in Table 16.4.

Table 16.4

Whether sick informants who had not been in touch with DE, wanted any help or advice about work

(Base: sick informants who may return to a different employer who have not been in touch with DE)

	1 month	Sample		12 months
		3 months	6 months	
	%	%	%	%
Wanted help or advice	19	21	24	24
Did not want help or advice (or not yet)	78	76	68	71
Not asked - proxy	5	3	8	5
	100	100	100	100
Base:	(112)	(254)	(323)	(448)

As we expected, fewer of this group of informants wanted any help or advice about work at the time they were interviewed, although more of them may when their return to work is nearer. We asked all who said they wanted some help or advice what sort they wanted. Help in finding a suitable job was most frequently mentioned, followed by advice on what kind of job would be suitable.

16.2 Non-sick informants

In the case of informants who were no longer sick when interviewed we are in a better position to assess whether they have an unmet need for help or advice about work, since we know whether they were in fact working and whether they returned to their previous employer or not. We would expect those who returned to a different employer or became unemployed to have made most use of the DE's services and so we consider this group first. Table 16.5 shows whether these people had been in touch with their local employment exchange or Disablement Resettlement Officer.

Table 16.5

Contact with employment exchange and DRO by informants who returned to a different employer or became unemployed

(Base: non-sick informants who returned to a different employer or became unemployed)

	Sample				
	1 month	3 months	6 months	12 months	fifth sample
	%	%	%	%	%
Been in touch with:					
employment exchange	37	39	55	58	43
DRO	4	7	18	26	20
neither	62	60	44	34	52
Base:	(89)	(90)	(68)	(88)	(118)

(percentages do not add to 100 as some people had been in touch with both)

It is clear that quite a high proportion of these informants have been in touch with the DE, particularly among the longer term sick. There are not enough who have been in touch to show the different kinds of help or advice they received, but it is worth noting that between 27% and 55% of these informants in the four samples still said they would have liked some further help or advice about work, while most of those who had not been in touch with the DE did not want any help or advice.

The results described in this chapter suggest that among informants who are most likely to need the services provided by the Department of Employment, the majority of those who wanted help or advice about work have been in touch with either their local employment exchange or DRO. However, many of these informants said they had not obtained the kind of help or advice they required. This does not necessarily imply any failing on the part of the DE, as it is likely that some of these informants, particularly among the longer term sick, will find considerable difficulty in obtaining suitable employment on account of age as well as disability. It should also be remembered that the longer term sick tend to be less well qualified and to have worked in less skilled jobs, which again adds to their problems.

Chapter 17 Attitudes to return to work

The main aim of this chapter is to test several hypotheses concerning the effect of sick people's attitudes to absence and work on how long they are away from work.

17.1 Attitudes to work in general

The first hypothesis is that with increasing length of sickness the effect of the various factors motivating an individual to work weaken, causing him to accept a lower level of social competence and no longer seek to return to work. If this hypothesis is correct we would expect decreasing proportions of informants across the samples to show a desire to return to work. We attempted to assess attitudes to work in general by asking all informants except those who had been told by their doctor that they would not be able to work again or who had retired, the following question:

"Assuming you were not ill and had enough money to live on, would you prefer to be at home or at work?"

We thus tried to exclude the effects of ill health and financial circumstances on people's attitudes to working. We compare the answers given by informants in the different samples in Table 17.1.

Table 17.1

Whether informants would prefer to be at home or at work

(Base: all informants except those who were unable to work again or retired)

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Prefer to be at home	20	15	12	10
Prefer to be at work	72	76	78	79
No preference	5	5	5	4
Not asked - proxy	3	4	6	7
	100	100	100	100

Base: (1059) (976) (807) (709)

Rather than a decreasing proportion of informants preferring to be at work the results show a slight increase, and a definite decrease in the proportions preferring to be at home. However, people's attitudes may be affected by whether they were still sick or not when the question was asked and so we compared the

answers given by informants who were still sick with those who were no longer sick. The results are given in Table 17.2.

Table 17.2

Preference for home or work by whether informants were still sick when interviewed (Base: all informants except those who were unable to work again or retired)

	Sample							
	1 month		3 months		6 months		12 months	
	Still sick %	No longer sick %	Still sick %	No longer sick %	Still sick %	No longer sick %	Still sick %	No longer sick %
Prefer to be at home	16	24	11	23	11	16	10	9
Prefer to be at work	76	70	81	67	78	77	79	79
No preference	5	5	4	7	5	6	4	9
Not asked - proxy	3	2	5	3	7	1	8	3
	100	100	100	100	100	100	100	100

Base: (483) (576) (648) (328) (639) (168) (651) (58)

In all except the twelve months sample a higher proportion of those who were no longer sick said they would prefer to be at home, whereas sick informants in the first two samples would rather be at work. Looking just at the sick informants there is still no sign of decreased motivation towards work across the samples. We should also note that the question specifically excluded financial considerations and since, as we have already seen, the longer term sick were worse off financially than the shorter term sick during their illness they might have an added incentive to return to work. We will examine this in more detail later.

We next looked at the reasons people gave for preferring to be at work or at home. These are shown overleaf in Tables 17.3 and 17.4. The main reason why people said they would prefer to be at work was that they were bored at home and liked the activity of work. They also liked the companionship at work compared with loneliness of home. Some also mentioned that they liked to feel they were supporting themselves, even though we excluded financial necessity in the question. On the whole people gave positive reasons for wanting to be at work, although some just said they were used to working and could not envisage otherwise.

The reasons for preferring to be at home were not always so positive, although the most common reason was a desire to do something else. This included wanting to start a business of one's own, which could be considered a preference for work although these informants clearly interpreted work as meaning employment. The next most common reason, having worked long enough, was usually given by older informants, particularly those over 60 who were approaching retiring age. Women in particular said they would like to spend more time with their families or to cope with domestic chores.

Table 17.3

Reasons for preferring to be at work

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Bored at home/like to be active	76	77	79	75
Friends at work/lonely at home	29	25	31	32
Like to support myself	9	11	14	16
Enjoy my job/enjoy work	13	20	11	6
Like to be useful	4	8	8	9
Used to working	4	6	5	7
Man needs to work to survive	4	5	4	2
Escape from domestic situation	5	6	5	2
Other reasons	1	*	1	1

Base: (788) (743) (827) (558)

(percentages do not add to 100 as some people gave more than one reason)

Table 17.4

Reasons for preferring to be at home

	Sample			
	1 month	3 months	6 months	12 months
	%	%	%	%
Prefer to do other things	54	43	40	33
Worked long enough/shouldn't have to work at my age	27	34	27	19
Want more time with my family	18	20	17	17
Dislike travelling to work/getting up early	28	17	16	11
Prefer to be at home (no other reason)	5	11	13	18
Want more time for domestic tasks	5	3	7	8
Other reasons	1	8	6	7

Base: (215) (150) (95) (69)

(percentages do not add to 100 as some people gave more than one reason)

The short term sick were particularly averse to factors associated with working, such as getting up early or the journey to work; it should be remembered that a higher proportion of these informants were in fact back at work when this question was asked and that the interviews were carried out in the middle of winter. In the longer term samples particularly, a number of informants just said they preferred being at home but gave no particular reason; these may be the people who are resigned to being at home and are no longer motivated to return. If so, they form a small proportion of the whole.

It does not appear from the above that increased length of sickness is associated with decreased motivation to return to work and so we looked for other factors which might be relevant. From the reasons people gave for their preference it appeared that age and sex might be important. The results for the different age groups are shown in Table 17.5. It is generally the oldest informants who would prefer to be at home rather than at work. From Table 17.6 it can be seen that women are more likely to prefer to be at home than are men, and it should also be noted that the increase in the proportion of the youngest age groups who would prefer to be at home is accounted for by the relatively greater proportion of women in this age group. If they are excluded this increase disappears.

Table 17.6

Whether informants would prefer to be at home or at work, by sex

	Sample							
	1 month		3 months		6 months		12 months	
	Male Female		Male Female		Male Female		Male Female	
	%	%	%	%	%	%	%	%
Prefer to be at home	19	26	15	17	11	18	9	13
Prefer to be at work	74	64	76	77	79	73	79	77
No preference	4	7	5	4	5	5	4	5
Not asked - proxy	3	3	4	2	6	4	8	5
	100	100	100	100	100	100	100	100

Base: (854) (205) (843) (133) (871) (136) (609) (100)

We looked at the results for different types of jobs, for informants with and without training or qualifications, and by whether they had had a previous history of their complaint but found no consistent differences. Although we had excluded financial considerations in the question, we compared the answers of informants in different income groups. However, we found no consistent differences between them. The above results do not show that length of sickness is associated with a decrease in motivation towards work generally. However, the exclusion of health considerations may be affecting the results; someone in good health may well prefer to work, but if he is in poor health and therefore limited in the kind of work he can do he may prefer to stay at home. We have already shown the problems faced particularly by the longer term sick in returning to work after illness. We would expect that someone faced with finding a new job, possibly less skilled and less well paid than his previous job, would need a much higher level of motivation to return to work than someone who could return to his previous job.

17.2 Job satisfaction and motivation to return to work

So far we have considered our informants' attitudes to work in general, but a sick person's motivation to return to work may be affected by his attitude to his particular job. We wanted to test the hypothesis that someone who is satisfied with his job has a greater motivation to return to work than someone who is dissatisfied.

Since our results do not show that attitudes to work in general, are associated with length of illness, we wanted to find out whether informants' satisfaction with the jobs they were doing before they became sick was related either to their attitudes to work in general, or to length of illness.

The problems of measuring job satisfaction are too well known to need detailed discussion in this report. We decided to try several different methods of measuring job satisfaction to see which gave the best results. We started by considering some of the different aspects of people's jobs which might contribute to job satisfaction:

- A High wages or salary
- B Opportunities to use skills or qualifications
- C Security of job
- D Pleasant working companions
- E Good working conditions
- F Opportunities for promotion
- G Being left to do things on your own

Some of these aspects might be more important to some informants than others and so we asked people both to rank them in order of importance to them and then to rate them according to whether they were very satisfactory, fairly satisfactory or not satisfactory in the job they were doing before they became sick. We could then look at how satisfactory individual items were, or add the ratings together to give an overall measure of job satisfaction. We could also see how satisfactory the most important items were.

First we look at satisfaction with each item separately. We assigned an arbitrary score of 1, 2 or 3 to correspond to 'very satisfactory', 'fairly satisfactory' and 'unsatisfactory' so that we could calculate the average level of satisfaction for each of the items. Thus the lowest figures indicate the greatest degree of satisfaction. Some people said that a particular item did not apply to their job and so they were excluded from the calculation for that item. Thus the bases on which the means are calculated differ for each item and so we have shown the range of bases for each sample. The results are shown in Table 17.7.

Table 17.7

Average level of satisfaction with aspects of informant's job before illness

	Sample			
	1 month	3 months	6 months	12 months
High wages or salary	1.90	1.94	1.92	1.90
Opportunities to use skills or qualifications	1.88	1.88	1.88	1.95
Security of job	1.65	1.69	1.68	1.74
Pleasant working companions	1.45	1.48	1.45	1.46
Good working conditions	1.85	1.88	1.87	1.87
Opportunities for promotion	2.33	2.35	2.39	2.36
Being left to do things on your own	1.45	1.45	1.46	1.43
Base: (range)	(950-1048)	(872-963)	(713-776)	(624-674)

The results show virtually no differences between the samples in the level of satisfaction with different aspects of informants' jobs. Pleasant working companions and being left to do things on your own were most satisfactory, followed by security of job. High wages or salary, opportunities to use skills or qualifications, and good working conditions came next, with opportunities for promotion as the least satisfactory aspect. We compared the ratings of informants who were still sick when interviewed with those who were no longer sick but found no significant differences between them. Thus there appears to be no relationship between satisfaction with the different aspects of jobs described above, the length of illness or whether a sick person returns to work or not after a particular length of illness.

Since looking at individual items produced no significant results we did not expect adding the ratings to give a global measure of job satisfaction to show anything different. When we checked this we found a similar picture in all four samples and no difference between sick informants and those who were no longer sick.

Next we examined the effect of taking into account the importance attached to the various items by informants when assessing satisfaction with them. We decided to concentrate on the item each informant had ranked as most important. First we considered each item separately and looked at how satisfactory it was felt to be by those informants who thought it was the most important item. The results are shown in Table 17.8.

Table 17.8

Average level of satisfaction with item thought to be most important

(Base: all informants except proxies and those unable to work again or retired who had rated their most important item)

	Sample							
	1 month		3 months		6 months		12 months	
		Base		Base		Base		Base
High wages or salary	1.95	(209)	1.87	(190)	2.04	(116)	1.98	(80)
Opportunities to use skills or qualifications	1.65	(75)	1.79	(83)	1.79	(67)	1.82	(61)
Security of job	1.55	(378)	1.65	(374)	1.65	(293)	1.60	(246)
Pleasant working companions	1.32	(75)	1.54	(61)	1.50	(58)	1.52	(56)
Good working conditions	1.95	(181)	1.87	(142)	1.85	(141)	1.97	(133)
Opportunities for promotion	2.15	(35)	-	(20)	-	(15)	-	(12)
Being left to do things on your own	1.28	(88)	1.39	(90)	1.35	(81)	1.28	(76)

Since the bases are the number of people who ranked each item most important, their relative size within each sample gives a guide to their overall order of importance for each sample. There do not appear to be any very definite trends across the samples in the average levels of satisfaction, but it is clear that the most important item, security of job, was generally more satisfactory than the two next most important

items, high wages or salary and good working conditions. We could not compare the results of sick informants with those no longer sick as there were not enough of the latter in the longer term samples. However, we could compare them if we looked at an overall measure, the average level of satisfaction with the item thought most important regardless of which one that was. In Table 17.9 we show this for all the people included in Table 17.8, and then for sick informants and non sick informants separately.

Table 17.9

Overall level of satisfaction with most important item, by whether sick when interviewed

(Base: all informants except proxies and those unable to work again or retired who had rated their most important item)

	Sample							
	1 month		3 months		6 months		12 months	
		Base		Base		Base		Base
Total	1.70	(980)	1.74	(883)	1.73	(707)	1.73	(813)
Sick informants	1.68	(438)	1.73	(559)	1.74	(537)	1.74	(548)
Non sick informants	1.71	(544)	1.77	(324)	1.70	(170)	1.63	(87)

The results do not show much difference between the samples, but if we compare sick and non sick informants in each sample there seems some tendency for sick informants in the two shorter term samples to be more satisfied than non sick informants, whereas in the two longer term samples the reverse is the case. We felt that these results might partly be explained by the differing proportions of informants who expected to return to the same employer rather than having to find another job, or who had in fact done so. We therefore compare the results for these groups in Table 17.10.

Table 17.10

Overall level of satisfaction with most important item, by whether expecting to return, or returned, to same employer

(Base: all informants except proxies who expect to return or have returned to work)

	Sample							
	1 month		3 months		6 months		12 months	
		Base		Base		Base		Base
Sick informant: expecting to return to same employer	1.28	(434)	1.56	(328)	1.60	(218)	1.49	(110)
expecting to return to a different employer	1.76	(98)	1.98	(228)	1.86	(311)	1.80	(423)
Non sick informants: who returned to same employer	1.65	(440)	1.68	(220)	1.61	(102)	-	(15)
returned to a different employer/ became unemployed	1.95	(94)	2.06	(80)	1.88	(51)	1.77	(35)

Again no group showed consistent differences between the samples, but there were very marked differences between the groups. Informants who were expecting to return or who had returned to the same employer were significantly more satisfied than those who had returned or were expecting to return to a different employer.

Of course we cannot tell from these results whether having their job kept open caused informants to be more satisfied with the job or whether the type of job that was most likely to be kept open was also most likely to be satisfactory in other ways.

Since whether an informant's job is kept open is clearly an important determinant of job satisfaction we wondered how it related to whether informants would prefer to be at home or at work. We looked at the answers to this question for the same four groups as in Table 17.10, but found only the difference between sick and non sick informants already described; there was no difference between people who expected to return or had returned to the same employer and those who did not, but in all groups the tendency already noted for more of the longer term sick to say they would prefer to be at work was maintained.

These results indicate that attitudes to work in general and attitudes to a particular job are not necessarily related, nor does the latter seem to relate either to length of illness or to whether informants return to work or not after a given length of illness.

17.3 The importance of different reasons for returning to work

In addition to looking at informants' attitudes to work in general and their own jobs in particular we were interested in other factors which might influence them to return to work sooner rather than later, and the relative importance of these factors. We did this by giving the informants eight possible reasons why some people return to work sooner than others, and asked them to rank them in order of importance. We asked the following question first:

"Some people go back to work before they are one hundred per cent fit. Other people, with exactly the same illness, stay off longer. Here is a set of cards, with a number of possible reasons why some people go back to work earlier than others."

Informants were then shown how to rank the cards, which gave the eight reasons:

- A Some people have a job to go back to, others have to find a new one
- B Some people have a big drop in income while they are sick, others do not
- C Some people have many friends at work, others do not
- D Some people feel bored at home, others do not
- E Some people enjoy their work, others do not
- F Some people are afraid of losing their job if they stay away too long
- G Some people's work piles up when they are away and they want to get back to get it done
- H Some people work in a group and do not like leaving the others to do extra work while they're away

We calculated the average rank given to each of the reasons by informants in the four samples. These are shown in Table 17.11, where the lowest figures indicate the most important reasons. We have labelled the reasons by key words rather than giving them in full each time. The results are very similar for all four samples. The second reason, drop in income, was on average the most important reason for all samples, with boredom at home and fear of losing one's job next in importance.

Then came enjoyment of work, with the remaining four reasons being ranked as least important. It seems that length of sickness does not influence which factors are considered important in determining how soon a sick person returns to work.

Table 17.11

Average importance of different reasons for returning to work

	Sample			
	1 month	3 months	6 months	12 months
A Having a job to return to	5.37	5.19	4.99	5.10
B Drop in income	2.80	2.78	2.77	2.97
C Friends at work	5.42	5.44	5.30	5.41
D Boredom at home	3.66	3.62	3.65	3.66
E Enjoyment of work	4.01	3.92	3.91	3.88
F Fear of losing job	3.71	3.62	3.70	3.55
G Work piling up	5.55	5.54	5.74	5.62
H Leaving work to others	5.18	5.60	5.54	5.52

Base: (1028) (936) (768) (651)

We compared the ranks given by informants who were still sick when they were interviewed with those of informants who were no longer sick but found no significant differences between them.

We looked at a number of other factors which might be associated with the relative importance of the different reasons. The overall order for the different reasons was similar to that shown above, but particular reasons had different average ranks for particular groups of informants. In Figures 17.1 to 17.4 we illustrate the reasons that were significantly different for different groups of informants. We have included those results where the differences were significant for at least three out of the four samples and so in some cases one sample will not show a significant result. Below we summarise the results in order of the size of the difference between the groups overall, for each factor we examined.

Sex:

- D Boredom at home - more important for men than women
- H Leaving work to others - more important for women than for men
- G Work piling up - more important for women than for men
- F Fear of losing job - more important for women than for men

Preference for home/work:

- E Enjoyment of work - more important for those who prefer work
- B Drop in income - more important for those who prefer home
- D Boredom at home - more important for those who prefer work
- H Leaving work to others - more important for those who prefer home
- G Work piling up - more important for those who prefer home

Skill level of job:

- C Friends at work - more important for lower skill levels
- G Work piling up - more important for higher skill levels
- D Boredom at home - more important for lower skill levels
- B Drop in income - more important for lower skill levels
- E Enjoyment of work - more important for higher skill levels

Age:

- D Boredom at home - more important for younger than for older people
- F Fear of losing job - more important for younger than for older people
- E Enjoyment of work - more important for older than for younger people

It is important to realise that the above differences do not necessarily indicate any difference in the overall importance of the reasons to different groups, ie. although drop in income is relatively more important for those who prefer home rather than work, it is still the most important reason overall for both groups.

The differences in the importance of boredom at home for males and females and for younger and older informants confirms the previous results on preference for home as opposed to work. The fact that drop in income is the most important reason overall for return to work emphasises that if financial considerations had not been excluded from the previous question an even stronger preference for work might have been found.

The results in this chapter show that although attitudes to return to work may be important in determining length of sickness in some cases, overall they do not seem as important as some of the practical considerations already discussed in earlier chapters. However, a sick person's actual circumstances may in practice affect his motivation towards work. From the results in this chapter we might expect the longer term sick to be more motivated to return to work since more of them say they would prefer to be at work particularly because they are bored at home, and also are likely to have a greater financial incentive to work. However, these are also the informants who are likely to face the greatest practical difficulties in re-turning to work and so many may eventually prefer to remain sick.

Figure 17.1

Attitude statements given different mean ranks by men and women.

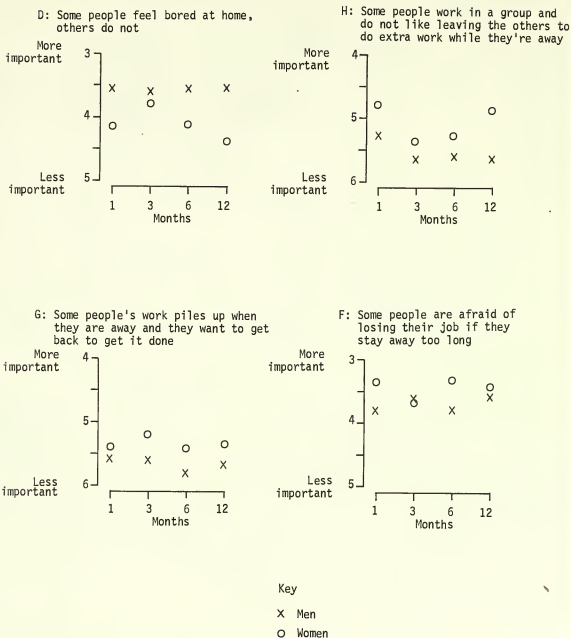


Figure 17.2

Attitude statements given mean ranks by people who would prefer to be at home and people who would prefer to be at work.

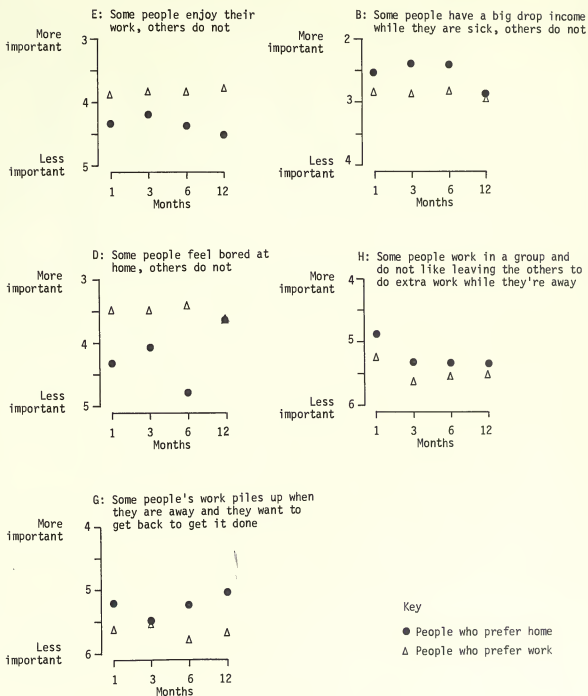
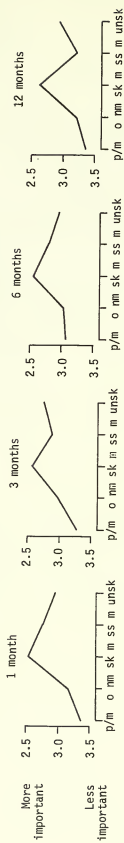


Fig. 17.3
Attitude statements given different mean ranks by people in jobs of different skill levels

B: Some people have a big drop in income while they are sick, others do not



C: Some people have many friends at work, others do not.

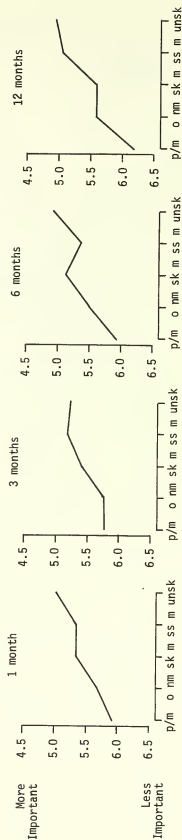
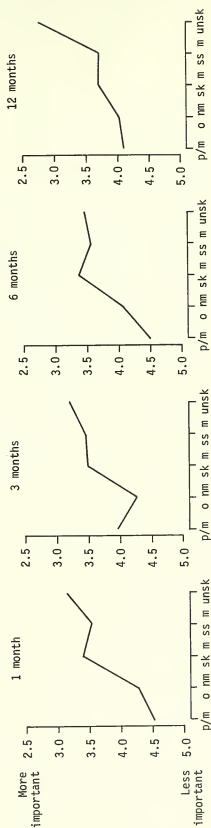


Fig. 17.3 (cont)

D: Some people feel bored at home, others do not



E: Some people enjoy their work, other do not

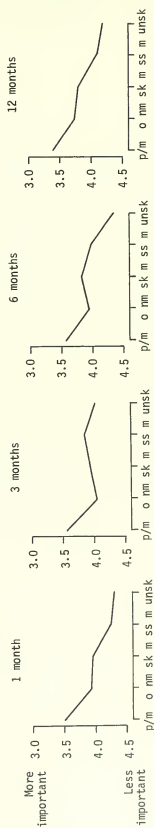


Figure 17.3 (cont)

G: Some people's work piles up when they are away and they want to get back to get it done

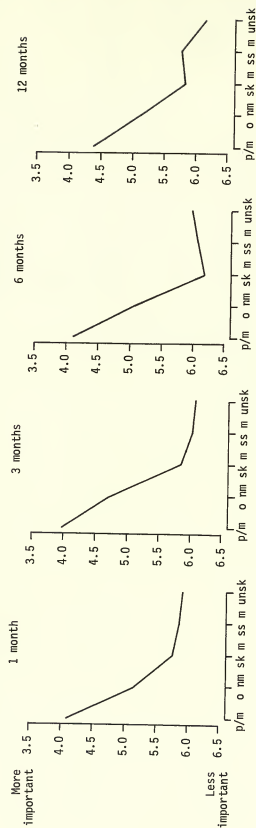
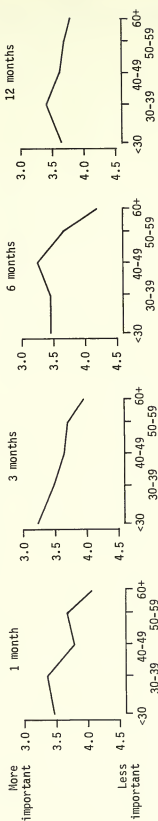


Fig. 17.4
Attitudes statements given different mean ranks by people in jobs of different skill levels

D: Some people feel bored at home, others do not



E: Some people enjoy their work, others do not

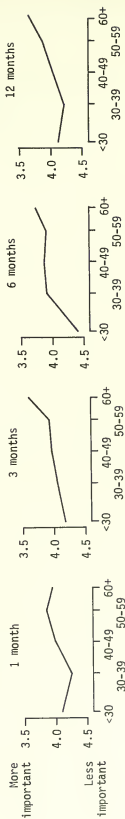
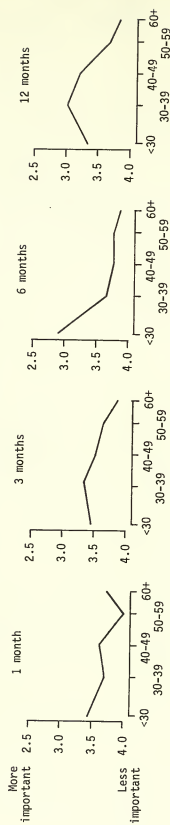


Fig. 17.4 (cont)

F: Some people are afraid of losing their job if they stay away too long



Summary of Part IV: Returning to work

Chapter 12 Prospects of return to work

35% of the twelve months sample had been told definitely by their doctors that they would not be able to work again, compared with 1% of the one month sample. These people were more likely than other informants to be male, aged 50 or over, with a previous history of their illness, and to have a disease of the circulatory system. The shorter term sick were not only more likely to be able to work again but were more likely to have been working immediately before their illness and to be expecting to return to the same job. The longer term sick were less likely to have their jobs kept open, and even if they had, they were less likely to expect to return to the same employer or to the same type of work. Thus of the twelve months sample who might work again, 80% would have to find another job compared with 28% of the one month sample. In addition to length of illness, past history of illness and how valuable a person is to his employer in terms of how skilled his job is and whether he has any training or qualifications also influenced whether his job is kept open.

Chapter 13 The return to work of those no longer sick

Of the informants who were no longer sick when interviewed, higher proportions of the longer term sick were unemployed both before and after their illness. Of informants who had returned to work, the longer term sick were less likely to have returned either to the same employer or to the same type of work as before their illness. A higher proportion said this was because their previous job was too heavy than said that their job was not kept open for them.

Chapter 14 Medical advice about returning to work

About a third of sick informants who might return to work said their doctor had discussed difficulties they might face in returning. However, some informants may well have been too ill for such discussions to be appropriate. Whether the doctor had discussed difficulties did not seem to be related to whether the informant expected to return to the same job or would have to find another one, but men were more likely to have discussed difficulties with their doctors than women, and people in professional or managerial jobs were more likely to have done so than those in other non-manual jobs. Higher proportions of informants who were no longer sick had talked about the difficulties of returning to work with their doctors than of sick informants; this was particularly true of the longer term sick, but if anything those who returned to a different employer or became unemployed were less likely to have done so than those who returned to the same employer, even though the former were more likely to encounter difficulties.

Chapter 15 Arrangements made by employers to help return to work

Between 10% and 19% of employers of sick informants had suggested something to make it easier for them to return to work, more among people in light or non-manual jobs. Of course more employers may suggest arrangements when return to work becomes imminent. From 19% to 35% of sick informants would like their employer to do something to make it easier for them to return, the higher proportion being amongst the twelve months sample.

Over 30% of these informants thought their employers would make the arrangements they wanted. The arrangements most often mentioned were lighter work and shorter hours. Informants generally did not think the people they worked with would have any objections to such arrangements.

Among informants who had returned to the same employer the longer term sick were more likely to have been offered arrangements by their employer to facilitate their return than were the shorter term sick, although it must be remembered that these are employers who have kept informants' jobs open longest. Only 11% to 14% of these informants wanted something done to help them which had not already been offered.

Chapter 16 Contact with employment services

Between 16% and 21% of sick informants who expected to return to work but not to their previous employer had been in touch either with their local employment exchange or Disablement Resettlement Officer at the time of their interview. The majority said they had not received any help or advice, but a few had been advised to apply to an Industrial Rehabilitation Unit, or were being helped to find a job. However, about half these informants said they did not want any help yet. About 20% of other informants who may have to find another job also said they needed help or advice about work. Between 37% and 58% of informants who had returned to a different employer or become unemployed had been in contact with services provided by the Department of Employment, but many of these informants said they would have liked more advice about work. Most of those who had not been in touch with the DE did not want any help or advice.

Chapter 17 Attitudes to return to work

We found a decrease from the one to the twelve months sample in the proportion of informants who would prefer to be at home rather than at work if they were well and had enough money to live on. Those who would prefer to be at home were mainly people nearing retiring age or women who wanted more time for their families or domestic tasks. We looked at how satisfied informants were with the job they were doing before they became sick, as this might have a bearing on how soon they returned to work, but we found no difference in job satisfaction between the four samples. However, there was some tendency for sick informants in the two shorter term samples to be more satisfied than those no longer sick, whereas in the two longer term samples the reverse was the case. Informants who were expecting to return or who had returned to the same employer were much more satisfied than those who had returned or who were expecting to return to a different employer. We found no relation between job satisfaction and whether informants would prefer to be at home or at work. The most important reason determining how soon a sick person returned to work was thought by all samples to be drop in income during illness, followed by fear of losing one's job and boredom at home.

Chapter 18 Conclusions

In this survey we have tried by comparing groups of people with differing lengths of illness to identify factors associated with increasing length of illness. Some of these factors have a direct bearing on length of illness; others are associated with this by virtue of their relationship with those factors which do have a direct bearing. Although we did not have any objective medical information about informants' state of health we found that people with certain conditions such as diseases of the circulatory system, people who had been ill with the same complaint on a previous occasion and older people, were all more common among the longer term sick. The shorter term sick were more often younger, ill with their complaint for the first time, and a higher proportion had had accidents. Thus at the beginning of an illness we have some idea of whether a person is likely to return to work after a month or to remain sick for a year. We have already pointed out that we are not in a position to evaluate the medical care received by our informants, but in view of these results it could be argued that medical attention needs to be directed at the early stages of some kinds of illness to see whether anything can be done to prevent such illnesses becoming long term.

But whatever might be done from a medical point of view to prevent long term illness, other non medical factors play an important part. The type of job a person does may have a direct effect on illness, in that some complaints are caused or aggravated by certain types of work or the conditions in which they are performed. This is more likely to be an issue with manual than non manual jobs. People in jobs requiring heavy physical effort are more likely to become sick and have to be much fitter before they can return to work than people in light office jobs, and so this may affect the length of time they are away from work. Some people who have been sick can no longer do the same type of work they did before their illness. Again, this is more likely to be a problem with manual work. We saw that some of our informants already had to change jobs as a result of previous ill health, usually to a less skilled job. Thus there may be a variety of reasons why the longer term sick were more likely to have unskilled rather than skilled jobs.

The difference between the longer and shorter term sick in respect of type of job is important because it relates to several other factors which in turn affect the circumstances of sick people and the prospects of their returning to work. People in the higher level jobs had higher incomes before their illnesses began, and frequently also during their illnesses, as they were more likely to receive sick pay from their employers. Informants in the lower level jobs were less likely to have their jobs kept open for them, and even if they were, they were less likely to expect

to return to their jobs, often because they were too physically demanding, although in some cases employers could help by keeping jobs open longer. Thus even if they made a complete recovery from their illness, the longer term sick would frequently have no job to return to, and being older, used to working in less skilled jobs and often with no training or qualifications would find it very difficult to return to work however willing they might be. In practice many would not be completely recovered and might be limited in what they could do by their state of health. It would not be surprising if, in the face of such problems, some made little effort to return to work. Nor should one blame the employment services for not finding work for such people, particularly in areas of high unemployment. It does not seem from our results that lack of long term sick seemed to want to return to work but the practical problems many faced frequently made their return extremely difficult.

Appendices

Appendix I Sampling Report

(by Eileen Goddard)

1.1 Sample requirements

The Department of Health and Social Security (DHSS) asked for a survey to be carried out into the circumstances of people absent from work due to sickness. It was thought that certain characteristics of sick people were likely to vary according to the duration of their sickness; therefore a sample was required of people who had been absent from work due to sickness for different lengths of time. The Department was particularly interested in people who had been sick for unbroken spells of approximately one, three, six and twelve months, and it was decided to select samples of each of these groups. Since the Department was also interested in people who had recently returned to work after a lengthy sickness absence, a fifth sample was included, of people who had recently ceased claiming benefit after a spell of incapacity lasting between six and twelve months.

On the basis of the analyses which were likely to be carried out, the sample sizes were set as follows:

Sample A:	1600	persons	sick	for	about	1	month
Sample B:	1600	"	"	"	"	3	months
Sample C:	1600	"	"	"	"	6	months
Sample D:	1600	"	"	"	"	12	months
Sample E:	660	persons	with	a	recently	terminated	spell of incapacity lasting 6-12 months

1.2 The population

The potential population for the survey was all persons insured for sickness or invalidity benefit under the national insurance scheme, or injury benefit under the industrial injuries scheme. Most employed persons are covered by both schemes but there are some exceptions. The main ones at the time of the survey were:

1. Those men aged 65 and over, and women aged 60 and over who draw a national insurance retirement pension. These persons are only insured under the industrial injuries scheme.
2. Members of Her Majesty's Forces
3. Most non-industrial civil servants and post office workers (who do not normally claim benefit until an illness has lasted six months).
4. Married women who are only insured under the industrial injuries scheme (about three quarters of all married women in employment).

Most self-employed persons are covered by the national insurance scheme only, but those drawing a national insurance retirement pension or married women who have chosen not to pay national insurance contributions are not covered by either scheme.

People were to be eligible for inclusion in the samples provided they had claimed and received sickness benefit, industrial injury benefit or invalidity benefit (normally paid after six months sickness absence). Women claiming maternity benefit were to be excluded.

1.3 Identifying the sample populations

The samples could only be drawn from the records held at local DHSS offices, where files are kept in alphabetical order for each person currently claiming or receiving sickness benefit. After consultation with the department, it was agreed that DHSS local office staff would carry out all work on their own records, but that the sampling of eligible persons would be carried out by Sampling Branch of Social Survey Division.

Samples A, B, C and D

There appeared to be two possible methods of identifying the required populations.

a) By identifying and marking all new claims to sickness benefit dealt with by local offices during certain periods, and taking those whose files were still current after the required lengths of sickness as the eligible population. This appeared to be a straightforward means of identifying the population, and one which would not involve local office staff in a great deal of extra work. The disadvantage was that for interviewing of all samples to take place during the same period, identification of new claims would need to take place up to a year in advance of fieldwork. A delay of this nature was not desirable.

b) By searching through all files current on a particular day, and identifying those persons sick for the required lengths of time. It was felt that this method might be less accurate than the first, because with the movement of files around the office, some eligible files might be omitted. It would also involve local office staff in extra work, since they would need to search through the records in each file to determine eligibility for inclusion into one of the samples.

It was decided to use the first approach for samples A and B, with identification of new claims taking place about one month and three months prior to fieldwork. The second approach was used for samples C and D.

Sample E

When a person ceased to receive benefit, the file for that person becomes 'dormant' and is transferred to a different filing system. It was felt that the best method for sampling this population was for the local office staff to examine each file which became dormant during a period of four weeks and treat as eligible all those where the first date of incapacity for the recently terminated spell was between six and twelve months earlier.

1.4 Overall sampling fractions

Samples A, B, C and D

Sampling was to be carried out in the week ending 3.11.72. It was necessary to estimate the population size for each sample in terms of the new claims which would still be current during that week, after the required lengths of sickness. Data for this purpose were obtained for comparable weeks in 1969 and 1970 from the most recent figures available at that time. Table I.1 summarises the procedure for determining the overall probabilities of selection for samples A to D. The third line of Table I.1 shows the proportion of initial claims to benefit which are still current after different lengths of time; thus of every hundred persons who initially claim benefit, 20 are still sick after five weeks, but only one is still sick after a year.

Table I.1

Overall probabilities of selection

	Sample Type			
	A	B	C	D
Initial dates of incapacity	w/e 6.10.72	w/e 28.7.72 w/e 18.8.72	w/e 28.4.72 w/e 19.5.72	w/e 15.10.71 w/e 3.12.71
Estimated new claims	202,000	595,000	735,000	1,627,000
Estimated % still current in w/e 3.11.72	20	5	2	1
Estimated sample population	40,400	29,750	14,700	16,270
Sample required	1,600	1,600	1,600	1,600
Sampling fraction (rounded)	1/24	1/18	1/9	1/10
Expected sample size	1,680	1,650	1,630	1,630

Sample E

This was a sample of people who had been sick for 27 to 52 weeks, whose spell of incapacity terminated during the four weeks ending 6.10.72 to 27.10.72. There were 104,000 spells of incapacity which terminated in the period 5.6.67 to 1.6.68 after a duration of 27 to 52 weeks. Assuming a relatively uniform distribution over the year, an estimated 8,000 such spells would have terminated in a four-week period. This gave an estimated overall sampling fraction for sample E of 660/8000, or 1/12, and an expected sample size of 670.

1.5 Selection of local offices

The samples were to be of a two stage design, with first stage units being DHSS local office areas. At the second stage, people who had claimed and received sickness, invalidity or industrial injury benefit would be selected.

Before deciding upon the method of selection of local offices, information was obtained about their size in terms of the sample populations. The only relevant

information readily available for individual local offices was the weekly number of new claims to Sickness and Injury Benefit. Such figures were not necessarily a sound basis for determining the numbers who would subsequently be sick for four weeks or more, since weekly fluctuation in the number of new claims is largely attributable to the short term sick, and there are annual changes in the overall level of sickness.

Numbers of new claims were obtained from all local offices for the weeks ending 8.6.71, 15.6.71 and 10.8.71. At the same time, information was sought about changes which were to take place due to the reorganisation of local offices. National Insurance offices were being combined with Supplementary Benefit offices, into new integrated local offices, and changes were proposed in the geographical areas covered by some offices. Examination of the information received from local offices showed that they varied in size from those dealing with under 50 new claims a week to those dealing with over 1200.

It was decided to use the number of new claims in the week ending 10.8.71 as a measure of size upon which to base the selection of local offices, since this week was comparable with one of the weeks during which new claims would be identified for sample B. In order to provide manageable quotas of sample cases for allocation to interviewers, it was decided to stratify offices by size. Within each size stratum of offices the proportion (f_{2B}) of sample B cases that would need to be selected to provide a sample between 25 and 35 cases per office was calculated. This proportion then determined the proportion (f_1) of offices which needed to be selected within each stratum to give an overall probability of selection (F_B) of 1/18 for Sample B. Within each size stratum, local offices were further stratified by DHSS region, to ensure correct regional distribution of the samples. Table I.2 shows the probabilities of selection at each stage of sampling for sample B, and the number of offices which were selected systematically from each size stratum.

The probabilities of selection of local offices were fixed as shown in Table 1.2. Together with the overall sampling fraction required, these formed the basis for calculation of probabilities of selection within each office for sample A. For samples C, D and E the procedure was less straightforward. For example, in Stratum 1 the probability of selection of a local office was 1/18, which was incompatible with an overall sampling fraction of 1/9 for sample C. The problem was solved by doubling the probabilities of selection of local offices in Strata 1, 2 and 3, thus sampling an additional 20 local offices. Samples A and B would not be drawn in these extra offices. Samples C and D would be selected in all of them, and sample E would be drawn in 13 extra offices selected in Strata 1 and 2.

Table 1.2

Sample B: probabilities of selection and selected offices by stratum

Stratum number	New Claims w/e 10.8.71	Estimated sample B eligibles*	Total offices	Probabilities of Selection			Selected offices
				F_B	f_1	f_{2B}	
1	0-124	0-25	182	1/18	1/18	1/1	10
2	125-175	25-35	60	1/18	1/18	1/1	3
3	176-246	35-49	80	1/18	1/12	1/1.5	7
4	247-346	49-69	102	1/18	1/9	1/2	12
5	347-486	69-97	78	1/18	1/6	1/3	13
6	487-682	97-136	41	1/18	1/4.5	1/4	10
7	683-956	136-191	17	1/18	1/3.3	1/5.5	5
8	957-1340	191-268	2	1/18	1/2.25	1/8	1
TOTAL			562				61

KEY

 F_B - Overall probability of selection for sample B f_1 - Probability of selection of a local office f_{2B} - Probability of selection for sample B within an office

* - ie. 20% of 1 week's new claims, equivalent to 5% of 4 weeks' new claims as in Table 1.1.

1.6 Instructions for local offices

As mentioned in section 1.3 it was agreed with the Department that final selection of people for interview should be carried out by Sampling Branch. Local offices were therefore asked to provide lists of all persons eligible for inclusion in the five samples, and these would be returned to Sampling Branch and the samples drawn.

For sample B, however, an element of sampling was introduced at an earlier stage. The basic requirement was that each local office should identify all new claimants to sickness benefit over a period of four weeks, and list those who were still sick three months later. For offices in Strata 5, 6, 7 and 8, the sampling fractions for selection within offices were 1/3, 1/4, 1/5.5 and 1/8 respectively; these offices would be undertaking a great deal of extra work in compiling lists of which only a small proportion would be sampled. This being so, these offices were allowed to identify new claims for two weeks only, and to compensate for this, sampling fractions for selection within these offices were doubled.

The instructions for local offices were written by headquarters staff of the Department in close consultation with Sampling Branch, in the terminology most likely to be familiar to local office staff. Offices were asked to complete an address slip for every person they found to be eligible according to specific criteria for each sample type, and every effort was made to ensure that the work was carried out on approximately the same days in each office. Great care was taken to try to ensure that the work undertaken by local office staff was accurate and carried out precisely according to instructions.

1.7 Returns from local offices

When the completed address slips were received from the local offices, they were checked through and a number were discarded because the first date of incapacity entered on address slips by local office staff was not within the correct period. Sample E cases who were known to have retired from work or died were also excluded. Those eligible for inclusion in each of the five samples were then sampled at the appropriate interval. In general, returns from the offices were considerably fewer than had been expected. Table 1.3 shows the numbers initially selected in each sample, compared with the expected sample sizes given in Table 1.1. Possible reasons for the shortfall are discussed in section 1.8.

Table 1.3

Comparison of actual with expected sample sizes

	Sample Type				
	A	B	C	D	E
Actual sample size	1,177	1,035	1,359	1,416	208
Expected sample size	1,680	1,650	1,630	1,630	670

Where possible, remedial action was taken to overcome the deficiencies in sample size, as described below.

Sample A

Sampling fractions within local offices were increased. This raised the size of sample A to 1,554 and altered the overall probability of selection for sample A to 1/18.

Sample B

Some cases were included in the sample which were previously rejected as ineligible. These were cases where the first date of incapacity was during the week or two weeks prior to the specified period (offices in Strata 5 to 8 and 1 to 4 respectively). The inclusion of these cases increased the size of sample B to 1,430 without altering the overall probability of selection of 1/18, but widened the range of duration of the cases.

Samples C and D

No action was taken to increase the size of these samples.

Sample E

It was decided to include as eligible those cases previously rejected where the final date of incapacity was in the week prior to 2.10.72. In addition, sampling fractions were increased. The sample size for sample E was thus raised to 342.

1.8 Possible reasons for the shortfall in sample size

Samples A, B, C and D

Since the survey was carried out, information relating to new claims in 1971 and 1972 has become available. Table 1.4 compares the figures on which the overall sampling fractions were based with new claims in the weeks during which the four sample populations made their initial claims to benefit.

Table 1.4

Comparison of estimated with actual new claims

	Sample Type			
	A	B	C	D
Initial dates of incapacity	w/e 6.10.72	w/e 28.7.72 - 18.8.72	w/e 28.4.72 - 19.5.72	w/e 5.10.71 - 3.12.71
Estimated new claims	202,000	595,000	735,000	1,627,000
Actual new claims	190,000	568,000	638,000	1,454,000

It can be seen that for all sample types the sampling fractions were based on over-estimates of the number of new claims in the relevant weeks. Table 1.5 gives a comparison of the sizes of the selected samples with revised expected sample sizes calculated on the actual, rather than estimated new claims in the relevant weeks.

Table 1.5

Comparison of actual with revised expected sample sizes.

	Sample Type			
	A	B	C	D
Size of the selected sample	1,177	1,035	1,359	1,416
Revised expected sample size	1,580	1,580	1,420	1,450

This shows that almost all the shortfall in samples C and D can be accounted for by unavoidable over-estimation of the sample populations. There remains a considerable discrepancy for samples A and B, which may be due to the sampling method of identifying and marking new claims to benefit. This method was chosen in the belief that new claims were dealt with by local offices within two or three days of the first date of incapacity. The results suggest, however, that either there was considerable variation between local offices in this respect, or that some offices worked on the first day of incapacity in a 'linked' period of interruption of employment - which might have been several weeks earlier - rather than on the first day of incapacity in the current spell. Thus samples A and B may have been deficient in people whose first date of incapacity was during the correct period, but whose claims were not dealt with until after that time, or in people with a 'linked' spell of incapacity.

Sample E

The overall sampling fraction for sample E was based on the 104,000 spells of incapacity lasting 27 to 52 weeks which terminated in the period 5.6.67 to 1.6.68. The equivalent number in the period 5.6.72 to 2.6.73 was 94,000, and on this revised basis 600 sample E cases would have been expected. Thus there is still a shortfall of some 400 cases to be accounted for. It may be that there is a

seasonal factor affecting the number of terminations after a lengthy spell of sickness, but this could in any case explain only part of the deficiency. The only other possible explanation would seem to be that local office staff experienced some difficulty in interpreting and implementing the procedure drawn up for identifying the sample E population.

1.9 Representativeness of the samples

It is normal practice to attempt to assess the representativeness of achieved samples by comparison with known characteristics of the sampled populations. In this case, the validation exercise would involve comparing, for example, the age, sex and regional distributions of the samples with national DHSS data. However, it has not been possible to make direct comparisons of this nature for these samples. This is because the sex, age and regional composition of the samples and of the populations from which they were drawn vary according to the length of sickness, and although statistics presented by DHSS are analysed by duration, the periods do not correspond to those of the samples.

The sampling procedures used throughout were designed to ensure the selection of unbiased samples. There is no evidence that the shortfall in returns from local offices and the subsequent action taken to increase sample sizes reduced the representativeness of samples A and B. Comparison of survey data obtained from samples A, B, C and D is therefore valid. The shortfall in sample E was proportionately much greater than in the other samples, and has not been satisfactorily explained. It cannot, therefore, be assumed that sample E is representative of the population from which it was drawn.

Appendix II Response rates

Before conducting an interview interviewers were instructed to check that informants were in fact eligible for inclusion in the appropriate sample. This involved asking everyone to confirm that the date given by DHSS for the first day of incapacity was correct, that they had been sick continuously until at least a week before the samples were drawn. (It was soon apparent that it could take at least a week before DHSS records showed that someone was no longer sick.) For the fifth sample the last day of incapacity was also checked. At this stage a number of informants were found to be ineligible because their dates were very different from those given by DHSS or they had not been sick continuously. In these cases interviewers were instructed to carry out a short courtesy interview using the form shown in Appendix IV.

The other requirement for inclusion in the samples was that informants should have been receiving either sickness, industrial injury or invalidity benefit during their illness. We had not expected this requirement to present any major problems and so interviewers had not been asked to check this specifically. However, when we examined the first batches of complete interviews we found several cases where informants had not paid enough insurance contributions to receive a contributory benefit for the whole of their illness and were receiving a supplementary allowance. A number of others had become eligible for maternity benefit or a retirement pension and were therefore no longer receiving one of the benefits listed above. Such cases were not eligible for inclusion in the samples. When we realised this, interviewers were asked to check that informants were receiving the correct benefit, but we had to discard quite a number of complete interviews.

The problem of ineligible informants complicates the calculation of response rates. They should not have been included in the first place but we cannot just subtract them from the set sample figures as presumably a proportion of the non-respondents would also have been found to be ineligible. Also, complete interviews which were subsequently discarded were achieved interviews as far as the interviewers were concerned and should therefore be included in any calculation of interviewer response rates. We therefore show the response rates in a number of different ways. Table II (i) summarises the overall response rate showing losses at each stage. Since informants were sent a letter about the survey before they were approached by the interviewers there was an opportunity for non-response at this stage as well as at the field stage.

The figures show that the overall response rate was 74%, ranging from 70% to 78% in individual samples. However, if there had been no problem of eligibility the response rate would have been as high as 85%, since all the ineligible informants had in fact agreed to an interview.

Table II (ii) shows the interviewer response rates. 87% of the sample for interview agreed to an interview but 5% were discovered to be ineligible and only a short interview was carried out. The fifth sample had a higher refusal rate than the other samples. We think this may be due to the fact that most of the people in this sample had no longer been sick for the past month and therefore were less interested in talking about their illness.

Table II (iii) summarises the non-response figures, since as mentioned above refusals and non-contacts occurred at two stages. Non-contacts included institutional addresses, which we did not visit, people who were out after several calls, people who had moved away and people who had died.

Table II (i) Overall response rates

	total		one month		Sample				twelve months		fifth sample	
	No.	%	No.	%	three months	six months	three months	%	No.	%	No.	%
Set sample	6101	100	1554	100	1430	100	1359	100	1416	100	342	100
Withdrawn from sample	139	2	27	2	34	2	33	2	41	3	4	1
a) postal refusals	88	1	17	1	14	1	28	2	25	2	4	1
b) other non-contacts	51	1	10	1	20	1	5	*	16	1	0	0
Sample for interview	5962	98	1527	98	1396	98	1326	98	1375	97	338	99
Refusals	378	6	110	7	81	6	83	6	70	5	34	10
Non-contacts	370	6	78	5	83	6	104	8	76	5	29	9
Not dealt with	52	1	7	*	10	1	23	2	11	1	1	*
Achieved contacts	5162	85	1332	86	1222	85	1116	82	1218	86	274	80
Ineligible: no interview	277	5	127	8	50	3	37	3	57	4	6	2
Achieved interviews	4885	80	1205	78	1172	82	1079	80	1161	82	268	78
Ineligible: interviewed	354	6	120	8	93	7	77	6	53	6	11	3
Eligible interviews	4531	74	1085	70	1079	75	1002	74	1108	78	257	75

Table II (ii) Interviewer response rates

	total	Sample				fifth sample			
		one month	three months	six months	twelve months	No.	%	No.	%
Sample for interview	5962 100	1527 100	1396 100	1326 100	1375 100	338	100	338	100
Refusals	378 6	110 7	81 6	83 6	70 5	34	10	34	10
Non-contacts	370 6	78 5	83 6	104 8	76 5	29	9	29	9
Not dealt with	52 1	7 1	10 1	23 2	11 1	1	*	1	*
Achieved contacts	5162 87	1332 87	1222 88	1116 84	1218 89	274	81	274	81
Ineligible: no interview	277 5	127 8	50 4	37 3	57 4	6	2	6	2
Achieved interviews	4885 82	1205 79	1172 84	1079 81	1161 85	268	79	268	79

Table II (iii) Non-response

	total	Sample				fifth sample			
		one month	three months	six months	twelve months	No.	%	No.	%
Set sample	6101 100	1554 100	1430 100	1359 100	1416 100	342	100	342	100
Total refusals	466 8	127 8	95 7	111 8	95 7	38	11	38	11
Total non-contacts	421 7	88 6	103 7	109 8	92 6	29	9	29	9
Not dealt with	52 1	7 *	10 1	23 2	11 1	1	*	1	*
Total non-response	939 15	222 14	208 15	243 18	198 14	68	20	68	20



Appendix III
Initial letter



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
10 JOHN ADAM STREET LONDON WC2N 6HD

TELEPHONE 01-930 9068 Ext. 444

November 1972

Dear

I understand that you were receiving sickness benefit recently and this is why I am writing: to ask if you will help in a study being carried out of the circumstances of men and women who have been away from work because of sickness or disability and any difficulties they may have had.

Although you may have returned to work, your help on this survey would be very valuable and could well benefit people in general who may be sick in the future.

Helping us involves talking to an interviewer who will call on you in the next few weeks (in the evening if necessary). She is working on our behalf and comes from the Social Survey division of the Office of Population Censuses and Surveys. I hope that you will feel able to take part and that you will enjoy meeting and talking with the interviewer about your experience, although you do not have to take part if you do not wish to do so.

Nothing you say will be passed on to your local Social Security Office and neither will it be published in any form from which you could be identified.

The interviewer will be glad to answer any questions you may have about this survey.

Yours sincerely

P. NELMES

Social Security Research Branch

Appendix IV

Record sheet for ineligible informants

INELIGIBLE INFORMANTS

(Date given by informant at Q(ix) is before 13.9.71 or after 9.10.72)

[illegible]

1. Establish age, sex and marital status

Age	Sex		Marital status		
	M	F	N	S	W
	1	2	3	4	5

2. Establish present occupational status

Working f/t	1
Working p/t	2
Sick - has job to return to	3
Sick - no job	4
Unemployed but seeking work	5
Retired	6
Other (specify)	7

INFORMANTS WHO ARE IN A JOB AT PRESENT (Q.2, codes 1-3)

3. What is your present job?

<u>Occupation</u>	<u>Industry</u>	
		Self-employed 1
		Employee 2

ALL INFORMANTS

4. Just before you were off sick were you:

1	working full-time
2	working part-time
3	unemployed but seeking work
4	doing something else? (specify)

5. What was your last job before you were off sick?

Same job, same employer as at present 99

Occupation	Industry

6. In which country were you born?

Self-employed	1
Employee	2

England, Wales, Scotland	1
N. Ireland	2
Eire	3
West Indies	4
Pakistan/India	5
Elsewhere (specify)	6

go to (a)

(a) INTERVIEWER'S ASSESSMENT

Y X Q

Appendix V
The questionnaire

S 1004 MEDICAL AND LONG-TERM SICKNESS SURVEY

Person serial no.	Local office code no. Region	File no.	Sample type

(i) Interviewer's name _____
 Authorisation no. _____

(ii) Date of interview _____

No. of calls made at address _____

(iii) Time interview began _____
 (use 24 hour clock)

Total length of interview _____

(iv) Person interviewed:

Subject 1
 Subject helped by proxy 2] complete
 Proxy 3] (v) (vi)

(vi) Relationship of proxy to subject _____

SAMPLES A, B, C & D

(vii) I understand that you are off work because of _____
 or have you been signed off by the doctor?

Still off sick 1 go to Q(ix),
 page 4
 No longer off sick 2 ask (a) & (b)

If No. (2)

(a) When was the last day you were off sick?
 (excluding Sunday)

_____ date _____ month _____ year

(b) Are you working again now?

Yes 1 go to Q(ix)
 No 2 ask (i)

If No. (2)

(i) What are you doing?

Unemployed 3 go to
 Retired 4 Q(ix)
 Other (specify) 5

(ix) When was the first day you were off sick?
 (sampled spell off sick)

DATE GIVEN BY DHSS
 _____ date _____ month _____ year

DATE GIVEN BY
 INFORMANT

Same as DHSS date 1 see Note 2
 Can't remember 2 ask (a)
 Different date 3 ask (b)

If can't remember (2)

(a) The date which the Department of Health and Social Security have is (quote date), but it could possibly be wrong. Does it sound right to you or not?

Yes, agrees with DHSS date 5 see Note 2
 No, disagrees with DHSS date (specify) 6 see Note 1

If different date (2)

(b) Can I just check if I've got the date right?
 The date which the Department of Health and Social Security have is (quote date), but it could possibly be wrong. Do you have any way of checking this?

Agrees with DHSS date 8 see Note 2
 Still disagrees (record date and make full notes) .. 9 see Note 1

_____ date _____ month _____ year

NOTES

(1) IF INFORMANT'S DATE AT Q.(ix) IS:
 BETWEEN 13 SEPTEMBER 1971 and 9 OCTOBER 1972 - SEE NOTE 2.
 BEFORE 13 SEPTEMBER 1971 OR AFTER 9 OCTOBER 1972 -

COMPLETE INELIGIBLE SHEET AND DISCONTINUE INTERVIEW

(2) SAMPLES A, B, C & D. IF INFORMANT IS:
 STILL OFF SICK (Q(vii), code 1) - GO TO SCHEDULE I (WHITE)
 NO LONGER OFF SICK (Q(vii), code 2) - GO TO SCHEDULE II (BLUE)
 SAMPLE E - GO TO SCHEDULE II (BLUE)

S 1004 MEDIAN AND LONG-TERM SICKNESS SURVEY

SCHEDULE I
(ENTRIES A-D, SICK INFORMANTS)

Period month/year	Social status		Sample type
	Occupation	Mar. sta.	

Household composition

INFORMANT AND RELATIVES ONLY			
Ring H/N	Relationship to Informant	Age M F	Sex M F
1	1 Informant	1 2 3 4 5	1 2 3 4 5
2		1 2 3 4 5	6 7 8 9
3		1 2 3 4 5	6 7 8 9
4		1 2 3 4 5	6 7 8 9
5		1 2 3 4 5	6 7 8 9
6		1 2 3 4 5	6 7 8 9
7		1 2 3 4 5	6 7 8 9
8		1 2 3 4 5	6 7 8 9
9		1 2 3 4 5	6 7 8 9
10		1 2 3 4 5	6 7 8 9
11		1 2 3 4 5	6 7 8 9
12		1 2 3 4 5	6 7 8 9

Age of finishing
FULL-TIME educa-
tion years of
school or college
attended

Marital
status
M S W

Working status
F/T P/T NOT F/T
ED.

1. In which country were you born?

England, Wales, Scotland 1
N. Ireland 2
S. Ireland 3
West Indies 4
Pakistan/India 5
Elsewhere (specify) 6

(a) INTERVIEWER'S ASSESSMENT

Y
X
O

2. What is the matter with you - I mean, what exactly is keeping you off work?

If more than one complaint, ask check question:

(a) Is (complaint) keeping you off work?
If 'Yes' to any of the above, ask check question: DELETED THOSE NOT
KEEPING INFORMANT OFF WORK AND TRANSFER TO Q.3

3. Do you suffer from any other long-standing illness, disability or infirmity, apart from (complaint(s) keeping informant off work)?

Yes 1 ask (a)
No 2 go to Q.4

If Yes (1)
(a) What do you suffer from?

Name/description of complaint(s) at Q.2	1st complaint	2nd complaint	3rd complaint
4. When did your (complaint) first start (happen)? [If August 1971 or earlier, month and year only. If August 1967 or earlier, year only.]	date (or part of mth.) ____ month ____ year	date (or part of mth.) ____ month ____ year	date (or part of mth.) ____ month ____ year
5. Have you had (complaint/after-effects) ever since then, or have you had it many times when you were free from it (then)? Ever since then 1 Sometimes free from it 2 ask (a) If sometimes free from it (2) (a) When were you free from it?	99 go to p.4	99 go to p.4 1 ask (a) 2 ask (a)	99 go to p.4 1 2 ask (a)
6. (Now I just check?) When did this (1) (2) (3) spell of sickness begin? [If August 1971 or earlier, month and year only. If August 1967 or earlier, year only.] Same date as at Q.4 99	date (or part of mth.) ____ month ____ year	date (or part of mth.) ____ month ____ year	date (or part of mth.) ____ month ____ year

- 3 -

Name/description of complaint(s) at Q.2	1st complaint	2nd complaint	3rd complaint
INTERVIEWER CHECK Name of complaint given 1 see Note Symptoms, vague description only 2 go to Q.10 NOTE If this spell of (complaint) is first spell (code 99 at Q. 5 or 6) ask Q.7 If this spell of (complaint) is not first spell (date at Q.6) ask Q.8 7. When did the doctor say that you were suffering from (complaint)? date (or part of mth.) ____ month ____ year date (or part of mth.) ____ month ____ year Doctor didn't say 99	1 see Note 2 go to Q.10	1 see Note 2 go to Q.10	1 see Note 2 go to Q.10
8. Thinking of your present spell of sickness, did you know straight away that it was (complaint)? (or think it was) Yes 1 go to Q.10 No 2 ask (a) If No (2) (a) When did the doctor say that it was (complaint)? date (or part of mth.) ____ month ____ year Doctor didn't say 99	1 go to Q.10 2 ask (a)	1 go to Q.10 2 ask (a)	1 go to Q.10 2 ask (a)

- 4 -

ALL INFORMANTS NOT IN HOSPITAL

DNA - In hospital X go to Q.12

10. Does your (complaint) prevent you from getting out of the house at the moment? (either walking or in a car)

Yes 1 ask (a)
No 2 ask (b)
Sometimes 3 ask (a) & (b)

If Yes (1) or Sometimes (3) (Check/code if obvious)

(a) (When it does prevent you from getting out)
Can you get about the house (walking or wheelchair)?
or do you have to sit in a chair when you're up?
or can't you leave your bed? 4 ask (1)
..... 5 see (b)
..... 6

CODE

ONE ONLY

If gets about the house (4)

(1) Can you get about the whole house or only on one floor?

Whole house 7 see (b)
One floor 8

If No (2) or Sometimes (3)

DNA - Yes (1) X go to Q.11

(b) (When you can get out)
Would you be able to walk for half an hour without resting?

Yes 1
No 2
Qualified answers 3 (specify)

Some people find that their illness (injury) makes it difficult for them to do certain things.

11. Do you have any difficulty at the moment in looking after yourself, for example washing, dressing or feeding yourself? by difficulty I mean - do you have to take a shower, does it cause you pain or make you short of breath?

Yes 1 ask (a)
No 2 go to Q.12

If Yes (1)

(a) What sort of things give you difficulty?

MEDICAL CARE

ALL INFORMANTS

I'd like to ask you a few questions now about the kind of medical care you've been receiving.

12. (a) First of all, how often do you see your own doctor (family doctor) now?

More than once a week 1
Once a week 2
Every 2 weeks 3
Every 4 weeks/month 4
Every 13 weeks/3 months 5
Other (specify) 6

(b) When you go and see him, do you usually have to make an appointment first?

(SPONTANEOUS) Doctor always visits 1
Yes 2
No 3

13. Did your own doctor (family doctor) give you your last National Insurance medical certificate?

Yes 1 go to Q.14
No 2 ask (a)

If No (2)

(a) Who did?

14. How long a period does your last medical certificate cover?

1 week 1
2 weeks 2
4 weeks/1 month 3
13 weeks/3 months 4
Other periods 5 (specify)

Now I'd like to talk about hospital care.

ALL INFORMANTS NOT IN HOSPITAL

DNA - In hospital now 0 go to Q.16

15. Since you've been ill (this time) - that is, since (date at Q.6) - have you been in hospital overnight or longer, in connection with your (complaint)?

Yes 1 go to Q.16
No 2 go to Q.17

16. (You've told me your (relation) is in hospital now) How long did you stay in hospital since (date at Q.6)?

1st stay	2nd stay	3rd stay
Teaching hospital 1 General hospital 2 Other type (specify) 3	1 2 3	1 2 3

(a) Was (is) this a teaching hospital, general hospital or other type of hospital?

(b) Who arranged for you to go into hospital?

PROMPT Own doctor 1 AS Necessary Other (specify) 3	1 2 3	1 2 3
--	-------------	-------------

(c) How long did you have to wait before you were admitted?

Admitted immediately 0

X go to (d)	X go to (d)	X go to (d)
_____ weeks _____ days	0 _____ weeks _____ days	0 _____ weeks _____ days

(d) When did you go into hospital?

date	date	date
_____ month _____ year	_____ month _____ year	_____ month _____ year

(e) Was (is) this on the National Health Service or paid for privately?

NHS 1 Private 2	1 2	1 2
1 2	1 2	1 2

17. Since (date at Q.6) have you attended the out-patient or day treatment of a hospital in connection with your (complaint)?

Yes 1 ask (a)
No 2 go to Q.21

If Yes (1)

(a) Was this:

INDIVIDUAL PROMPT to see a consultant (specialist) 4 ask Q.18 to have tests or X-rays carried out 5 ask Q.19 or to have treatment? 6 ask Q.20 THAT APPLY DO NOT PROMPT → Other reason only (specify) 7 go to Q.21	4 ask Q.18 5 ask Q.19 6 ask Q.20 7 go to Q.21
--	--

Introduce Qs. 18-20

I'd like to talk about (each different consultant you've seen) (the various tests/X-rays/treatments you've had) as an out-patient. Can we start at the beginning (quote date at Q.6) and take them in order? What happened first?

CONSULTANT (Q.17(a), code 4)

Complete a separate column for each consultant seen.

18. (a) Was (is) this a teaching hospital, general hospital or some other type of hospital?

Teaching hospital 1
General hospital 2
Other type (specify) 3

- (b) What kind of specialist did you see?

- (c) Who referred you to this consultant?

Own doctor 1
Other (specify) 2

- (d) When was your first appointment? (This time - that is, the last at Q.6)
GIVE DATE

SAMPLES A & B ONLY

DNA - Samples C & D

- (e) CHECK, OR CODE WITHOUT ASKING IF KNOWN:

Did you ever attended the out-patient department before to see this particular consultant?

Yes 1
No 2

- (f) How long did you have to wait for your first appointment?

No wait/seen immediately 0

SAMPLES A, B, C & D

- (g) Will you be attending the out-patient department again to see this consultant? Yes 1
No 2
DK 3

TESTS (Q.17(a), code 5)

Complete a separate column for each test/group or series of tests.

19.

- (a) CHECK OR CODE WITHOUT ASKING IF KNOWN

Was this:

a single test 1
a group of tests carried out on the same day 2
or a series of tests at regular intervals? 3

If series of tests (3)

- (i) Are you still attending hospital for these tests?

Yes 4
No 5

- (b) Was (is) this a teaching hospital, general hospital or some other type of hospital?

Teaching hospital 1
General hospital 2
Other type (specify) 3

- (c) What kind of test was/is this (use/are these)?

X-rays 1
Blood tests 2
Urine tests 3
Other tests (specify) 4

TESTS (cont.)

(d) Was/is this test (were/are these tests) received by (yourself, your family doctor) or by a hospital doctor?

Own doctor 1
Hospital doctor 2

1st test/group or series of tests

2nd test/group or series of tests

3rd test/group or series of tests

(e) When did you have the (first) test(s)?
GIVE DATE

date _____ month _____ year _____

date _____ month _____ year _____

date _____ month _____ year _____

DNA - Samples C & D X

SAMPLES A & B ONLY

(f) Was it (were they) carried out straight away or did you have to wait for an appointment?

Straight away 1
Made appointment 2 ask (1)

1 2 ask (1)

If made appointment (2)
(1) How long did you have to wait for your (first) appointment?

_____ weeks _____ days

_____ weeks _____ days

ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

TREATMENT (Q.17(a), code 6)

Complete a separate column for each treatment/course of treatment

20. (a) CHECK ON CODE WITHOUT ASKING, IF KNOWN, IF NOT, LEAVE THIS:

RUNNING a single treatment 1 go to (b)
SHORT a course of treatment 2 ask (1)
on different days 2 ask (1)

If course of treatment (2)

(1) Are you still attending hospital for this treatment?

Yes 3
No 4

(b) Was (is) this a teaching hospital, general hospital or some other type of hospital?

Teaching hospital 1
General hospital 2
Other type (specify) 3

IF ALREADY ASKED, GIVE CODE WITHOUT ASKING

(c) What kind of treatment was (is) this?

(d) Was (is) this treatment prescribed by your own doctor, family doctor or by a hospital doctor?

Own doctor 1
Hospital doctor 2

(e) When did you have the treatment? (When did the treatment begin?)
GIVE DATE

date _____ month _____ year _____

DNA - Samples C & D X

(f) Was the treatment begun straight away or did you have to make an appointment?

Straight away 1
Made appointment (2) 2 ask (1)

(1) How long did you have to wait for your (first) appointment?

_____ weeks _____ days

_____ weeks _____ days

ASK Qs. 18 & 19 IF APPLICABLE, OTHERWISE GO TO Q.21

ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

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ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

ASK Qs. 18 & 20 IF APPLICABLE OTHERWISE GO TO Q.21

ALL INFORMANTS

21. (Short from future appointments with the consultant(s)/ for the series of tests/course of treatment we've been talking about)
Are you at present waiting to attend hospital, either as an out-patient or as an in-patient, in connection with your (complaint)?

Yes, out-patient 1 ask (a)
Yes, in-patient 2 ask Q.23
No, neither 3 go to Q.24

CODE ALL THAT APPLY

If Yes, out-patient (1)

(a) Is this:

INDIVIDUAL to see a consultant (specialist) 4
CODE ALL to have tests or X-rays carried out 5 ask Q.22
THAT APPLY or to have treatment? 6

INFORMANTS WAITING TO ATTEND OUT-PATIENT DEPARTMENT (Q.21(a), codes 4-6)

Complete a separate column for each consultant and each type of test/treatment

Enter code no. from Q.21(a)	Code	Code	Code
22. (a) Is this a teaching hospital, general hospital or some other type of hospital?			
Teaching hospital 1			1
General hospital 2			2
Other type (specify) 3			3
(b) What kind of specialist (test/treatment) is this?			
(c) Who referred you to this consultant? (Has this test/treatment been recommended by your own doctor or by a hospital doctor?)			
Own doctor 1			1
Hospital doctor 2			2
Other (specify) 3			3

22. (cont.)

(d) When did he (she) refer you (order/prescribe it)?

Code	Code	Code
date	date	date
month	month	month
year	year	year

(e) Have you an appointment fixed up?

Code	Code	Code
1 ask (i)	1 ask (i)	1 ask (i)
2 ask (ii)	2 ask (ii)	2 ask (ii)

If Yes (1)

(i) What date is your appointment for?

Code	Code	Code
date	date	date
month	month	month
year	year	year

If No (2)

(ii) Can you tell me why you haven't got an appointment?

Code	Code	Code

If waiting to see consultant (Q.21(a) code 4)

DNA - waiting for tests/treatment X

(f) Have you ever attended the out-patient department before to see this particular consultant?

Yes 1
No 2

Code	Code	Code
	X	X
	1	1
	2	2

INFORMANTS WAITING TO GO IN TO HOSPITAL, ASK Q.23
ALL OTHERS, GO TO Q.24

INFORMANTS WAITING TO GO IN TO HOSPITAL (1.21, code 2)

23. (a) Is this a teaching hospital, general hospital or some other type of hospital?

Teaching hospital 1
General hospital 2
Other type (specify) 3

- (b) Who is arranging for you to go into hospital?

Own doctor 1
FROM AS 2
NECESSARY 3
Hospital doctor or consultant 2
Other (specify) 3

- (c) How long have you been waiting so far? (that is, since you knew that you would be going into hospital)

_____ weeks _____ days

- (d) Do you know when you will be admitted?

Yes 1 ask (1)
No 2 go to (e)

If Yes (1)

- (1) When will you be admitted?

_____ date _____ month _____ year

- (e) Will this be on the National Health Service or paid for privately?

NHS 1
Private 2

ALL INFORMANTS

24. Since you've been ill (this time) - that is, since (date at Q.6) - have you seen or consulted any other doctor about your (complaint)?

Yes 1 ask (a)-(c)
No 2 go to Q.25

1st doctor _____ 2nd doctor _____

- If Yes (1)
(a) Whom did you see? (I mean, what type of doctor was he?)

- (b) When was this?
GIVE (FIRST) DATE

_____ date _____ date
_____ month _____ month
_____ year _____ year

- (c) Was this on the National Health Service or paid for privately?

NHS 1
Private 2
(inc. NHPA) 3
Other (specify) 3

25. (a) How do you feel about the medical treatment you have received since you've been ill (this time)? Are you:

very satisfied 1
satisfied 2
not very satisfied 3
or not satisfied at all? 4

RUNNING
PROMPT

25. (cont.)

- (b) (May I just check?) Do you feel that everything has been done as quickly as possible, or have there been any delays which you think should have been avoided?

Everything done as quickly as possible 1
Delays 2 ask (1)

If Delays (2)

- (1) What sort of delays were these?

26. (cont.)

If No, neither (3)

- (c) Has your doctor advised you to see anyone else about your (complaint)?

Yes 1 ask (1) & (11)
No 2 ask (11)

If Yes (1)

- (1) Whom has he advised you to see?

Specialist 1
Other (specify) 2

- (11) Can you tell me why this hasn't been arranged?

INFORMANTS WHO HAVE NOT SEEN OR BEEN REFERRED TO ANY OTHER DOCTOR APART FROM G.P. (15, not coded 4 at Q.17(g) or 21(a), or 1 at Q.24)

DNA - seen other doctor X go to Q.27

26. (May I just check?) Have you ever attended a hospital, either as an out-patient or as an in-patient, in connection with your complaint?

Yes, out-patient 1 ask (a) & (b)
Yes, in-patient 2 ask (b)
No, neither 3 ask (c)

CODE ALL THAT APPLY

If Yes, out-patient (1)

- (a) Was this:

INDIVIDUAL to see a consultant (specialist) 4
OTHER to have tests or X-rays carried out 5
CODE ALL or to have treatment? 6
THAT APPLY

If Yes, out-patient or in-patient (1,2)

- (b) How long ago did you last attend?

NOW GO TO Q.27

- 17 -

NOW GO TO Q.27

- If No (2) at (c)
(11) Would you like to have seen someone else?

Yes 1 ask (A)
No 2 go to Q.27
Other (specify) 3

If Yes (1)

- (A) Whom would you like to have seen?

Specialist 1
Other (specify) 2

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- 18 -

ALL INFORMANTS

27. (May I just check?) Has the doctor (Have any of the doctors) been willing to let you about going back to work again at some time in the future?

Yes 1 ask (a)
No 2 go to Q.28

If Yes (1)

(a) Did he say that you would be:

able to work again 1 ask (b)
unable to work again 2
or did he say something 3 go to Q.28
else (specify) 4

DO NOT PROMPT → Retired, not intending to work again 4

If able to work again (1)

(b) Has the doctor (Have any of the doctors) said when you think you are able to start work again?
(including lighter/part-time work)

Yes 1 ask (1)
No 2 go to Q.28

If Yes (1)

(1) About when?
(Record actual date, if known, or estimated length of time from now)

_____ date _____ month _____ year

OR

_____ weeks _____ days time

HEALTH AND SOCIAL SERVICES

ALL INFORMANTS

Local councils run health and social services to help people who are sick or disabled and voluntary organisations help in various ways too.

28. (a) Have you ever heard of the following services?
0 (Prompt services listed in box below and ring appropriate code(s) in column (a)).

(b) Since you have been ill (this time) - that is, since (date at Q.6) - have you or any of the people who live with you been helped by anyone, in connection with your (complaint) from any of these services?
(Ring appropriate code(s) in column (b) of box below.)

	(a) Heard of	(b) Received help or advice
Home help	1	1
District nurse	2	2
Health visitor	3	3
Hospital social worker or almoner	4	4 ask
Social worker from local council	5	5 Q.29
Relatives or friends	6	6
Citizens Advice Bureau	7	7
Meals on wheels	8	8
Any other services? (specify)	9	9
None	0	0 go to Q.30

INFORMANTS WHO HAVE HAD ONE OR MORE HEALTH/SOCIAL SERVICES (Codes 1-9 at Q.28(b))

If more than one service, enter code number from Q.28 and ask Q.29(a)-(d) for each separately, working down columns.

29. (a) When was the first time he/she came (you saw him/her/went there)?
GIVE DATE

(b) Does he/she still come? (Do you still see him/her/go there?)

Yes	1 go to (c)	2 ask (1)	1 go to (c)	2 ask (1)
No	1 go to (c)	2 ask (1)	1 go to (c)	2 ask (1)
(1) And when was the last time he/she came (you saw him/her/went there)? GIVE DATE	date month year	date month year	date month year	date month year
Only saw him/her (went there) once	99 go to (d)	99 go to (d)	99 go to (d)	99 go to (d)

(c) How often did (does) he/she come? (How often did (do) you see him/her?) (How often did (do) you go there?)

No. of times per (period)
TOTAL NO. OF HOURS PER WEEK

(d) How do you feel about the help you have received?
Are you:

very satisfied	1	1
satisfied	2	2
not very satisfied	3	3
or not satisfied at all?	4	4

If not very satisfied (3) or not satisfied at all (4),
(1) In what ways are you not satisfied?

OFFICE USE:

ALL INFORMANTS

30. Have you ever heard of the Local Authority register of handicapped persons?

Yes 1 ask (a)
No 2 go to Q.31
Don't know, not sure 3

If Yes (1)

(a) Do you know what sort of people this register is for?

No 1
Yes (specify) 2

(b) Are you yourself on this register?

Yes 1 ask (i)
No 2 go to Q.31
DK 3

If Yes (1)

(i) For how long have you been registered?

..... years months

(ii) What benefit has it been to you (since you have been ill this time)?

None 0

31. You've told me about the services you have been in touch with. (You say you have not been in touch with any of the services mentioned.) Do you think anything (else) could be done to help you while you are ill?

Yes 1 ask (a)
No 2 go to Q.32

If Yes (1)

(a) What (else) could be done and by whom?

I'd like to talk now about the question of benefits for people who are off sick for a long time. Some people think that, apart from contributions for dependants, everybody should get the same amount; others think that the amount should depend on a person's age and also according to how long he's been sick. I'd like to know what you think.

32. Hand card '1' to informant.

0 (a) First of all, think of two people: both have been off sick for 6 months, both have the same number of dependants and no income apart from benefits, but one is aged 50, the other aged 30. Now think of the younger person should get more, less or the same amount as the older person?

More for younger person 1 ask (1)
Less for younger person 2 ask (1)
Same for both 3 go to (b)
DK 4

(1) Why do you say that?

32. (cont.)

Hand card '2' to informant

(b) Now think of two other people: both are aged 50, both have the same number of dependants and no income apart from benefits, but one has been off sick for 6 months, the other for more than 3 years.

Do you think the one who has been off sick for 6 months should get more, less or the same amount as the one who has been off sick over 3 years?

More for person off 6 months 1 ask (1)
Less for person off 6 months 2 ask (1)
Same for both 3 go to (c)
DK 4

(1) Why do you say that?

(c) In general, do you think that a person who is off sick for a long time should be paid more, less or the same amount as a person who is off sick for a short time (apart from increases due to the rising cost of living)?

More 1 ask (1)
Less 2 ask (1)
Same 3 see Q.33
DK 4

(1) Why do you say that?

EDUCATION, TRAINING AND EMPLOYMENT

Informant unable to work again (Q.27(a), code 2)

ASK ONE, MARKED WITH * ONLY (37, 38(a), 41, 42(a), 52)

INTRODUCE SECTION AND ASK Q.33

Introduce section:

We want to find out something about the kind of jobs people were doing before they were ill and whether there are likely to be any problems about returning to work when they are fit again. I'd like to begin by asking a few questions about your education.

33. Apart from the school's own examinations, did you pass any examinations after the age of 13 while you were at school?

Yes 1 ask (a)
No 2 go to Q.34

If Yes (1)

(a) What examination(s) did you pass?

General Certificate of Education "O" level
Scottish Certificate of Education - Ordinary Grade

Matriculation
General School Certificate
Scottish Leaving Certificate - Lower Grade

General Certificate of Education "N" or "S" level
Higher School Certificate
Intermediate Arts or Science
Scottish Leaving Certificate - Higher Grade
Scottish Certificate of Education - Higher Grade

Royal Society of Arts Examination 4
Certificate of Secondary Education (CSE) 5
Other examinations (specify) 6

If CEE "O" level or SEE Ordinary Grade (1)

(1) How many subjects did you pass?

No. of subjects

- 25 -

34. Did you have any further education after you left school, either full-time or part-time?

Yes 1 ask (a)-(d)
No 2 ask (c)

If Yes (1)

(a) What type of educational establishment did you attend? (Ring appropriate code(s) in column A of box below, then ask (b))

(b) Was this a full-time course, a sandwich course, day release, evening classes or some other kind of part-time education? EACH ESTABLISHMENT, IF MORE THAN ONE

(Ring appropriate code(s) in column B of box)

Type of educational establishment	A.		B. Full-time/part-time		
	Type attended	Full-time	Full-day with release phases	Evening classes	Other (specify)
University	1	1	2	-	4 5
Teachers training college	2	1	-	-	5
College of advanced technology	3	1	2	3	4 5
Technical college	4	1	2	3	4 5
College of education	5	1	2	3	4 5
Secretarial/commercial college	6	1	-	3	4 5
Other type (specify)	7	1	2	3	4 5

Ask all

(c) Have you ever taken any correspondence courses?

Yes 1 ask (d)
No 2 go to Q.35

ALL INFORMANTS

I'd like to talk now about the kind of work you were doing before you were off sick (this time).

*37. (a) First of all, just before you were off sick were you:

working full-time 1 go to Q.38
 working part-time 2
 running errands 3 ask (1)
 or doing something else? 4
 (specify)

If unemployed, doing something else (3,4)

(1) How long ago did you last work? (either full or part-time)

_____ months _____ weeks

(weeks required only if less than 3 mths.
 months required only if less than 3 years)

*38. (a) What is (was) your present (last) job?

Occupation	Industry

Self-employed 1
 Employee 2

(b) How many hours a week do (did) you usually work?

(excluding meal breaks)

No set pattern of work/hours vary 0

Number of hours

If has qualifications/training X go to Q.41
 (Code 1 at Q.33,35 or 36)

(c) Would you say that you are (were) using (any of) your qualifications (training) in this job?

Yes 1
 No 2
 Other answer (specify) 3

- 29 -

ALL INFORMANTS

*41. Is (was) this job your usual job?

Yes 1 go to (b)
 No 2 ask (a)
 Other answer (specify) 3

If No, other answer (2,3)

(a) Did you have a usual job?

Yes 5 ask Q.42
 No 6 go to (b)

If Yes (1) at main in. or No (6) at (a)

(b) INTERVIEWER CODE:
 Informant unable to work again Y go to Q.52
 All others X go to Q.43

INFORMANTS WHOSE PRESENT (LAST) JOB IS (WAS) NOT THEIR USUAL JOB
 (Q.41, code 3)

*42. (a) What was your usual job?

Occupation	Industry

Self-employed 1
 Employee 2

DNA - informant unable to work again Y go to Q.52

If has qualifications/training X go to (c)
 (Code 1 at Q.33,35 or 36)

(b) Would you say that you were using any of your qualifications in this job?

Yes 1
 No 2
 Other answer (specify) 3

- 30 -

Ask all

(c) How long ago did you stop doing (this usual job)?

- Within last 6 months 1
 Over 6 months up to 1 year ago 2
 Over 1 year up to 2 years ago 3
 Over 2 years up to 5 years ago 4
 Over 5 years up to 10 years ago 5
 Over 10 years up to 20 years ago 6
 More than 20 years ago 7

PROMPT AS
NECESSARY

(d) What were your reasons for stopping?

- Health reasons (informant) 1 ask (i)
 Made redundant 2
 Other reasons (specify) 3 see Q.43

If health reasons (i)

(i) What was the matter with you?

INFORMANTS WHO WERE EMPLOYED IMMEDIATELY PRIOR TO BEING OFF SICK (Q.37(a) codes 1 or 2 AND Q.38(a) code 2)	
<p>DNA - was not working Y go to Q.47 - was self-employed X go to Q.46</p> <p>43. Is your employer keeping your job open for you? (include different job with same employer)</p> <p>Yes 1 ask (a) No 2 Informant gave job 3 go to Q.47 Retired 4 DK 5 Other answers (specify) 6 ask (a)</p>	<p>If Yes, DK, Other (1,4,5) at main (d). (a) Do you Yourself expect to go back to the same employer, when you start working again?</p> <p>Yes 1 ask (i) No 2 DK 3 go to Q.47 Other (specify) 4</p>
<p>If Yes (i) (i) Do you expect to go back to the same type of work?</p> <p>Yes 1 No 2 DK 3 go to Q.45 Other (specify) 4</p>	
INFORMANTS WHO EXPECT TO GO BACK TO SAME EMPLOYER (Q.43(a), code 1)	
<p>45. (a) Has your employer suggested doing anything to make it easier for you to go back to work such as arranging for shorter hours or lighter work?</p> <p>If Yes (i) (i) What sort of thing has he suggested?</p> <p>Yes 1 ask (i) No 2 go to (b)</p>	

45. (cont.)

(b) Do you think (anything else) (anything like this) would make it easier for you to go back to work?

Yes 1 ask (i)(ii)
No 2 see (c)
DK 3

If Yes (1)

(1) What sort of thing would make it easier?

RECORD ANSWERS IN BOX BELOW, USING A SEPARATE LINE FOR EACH THING MENTIONED

Ask in respect of each thing mentioned:

(ii) Do you think your employer would arrange this for you if you asked him?
CODE ANSWER IN BOX BELOW

(i) Things that would make it easier	OFFICE USE	(ii) Employer would arrange:	
		Yes	No DK
		1	2 3
		1	2 3
		1	2 3

If arrangements have been made (code 1 at main m.) or would make it easier (code 1 at (b))

DNA - no arrangements mentioned X go to Q.47

(c) Do you think the people you work with have (would have) any views about these arrangements?

Yes 1 ask (i)
No 2 go to Q.47
DK 3

If Yes (1)

(1) What kind of views do you think they (would have)?

INFORMANTS WHO WERE SELF-EMPLOYED IMMEDIATELY PRIOR TO BEING OFF SICK (Q.37(a) codes 1 or 2 AND Q.38(a) code 1)

46. Have you been able to keep the business (practice) going while you have been off sick?

Yes 1 ask (a)-(c)
No 2 go to Q.47

If Yes (1)

(a) How have you managed?

(b) Have you had to take on any (additional) paid help? (Code without asking if already mentioned.)

Yes 1 ask (i)-(iii)
No 2 go to (c)

If Yes (1)

(i) How many (extra) people have you had to take on?

no. of persons

(ii) How many hours a week do they work altogether?

total no. of man-hours per week

(iii) How much (extra) does this cost you?

£ / p per (period)

(c) When you start working again, do you expect to go back to your own business (practice)?

ASK ALL

47. Before you were off sick, were you a member of a trade union (professional group)?

Yes 1 ask (a)(6)
No 2 go to Q.48

If Yes (1)

(a) Are you still a member?

Yes 4
No 5

(b) Has your trade union offered you any help, financial or otherwise, while you have been ill?

Yes 7 ask (1)
No 8 go to Q.48

If Yes (7)

(1) What kind of help?

48. (a) Since you've been off sick (this time), has (have) your doctor (doctors) advised you about the sort of work you do and any difficulties you might have when (if) you start work again?

Yes 1 ask (1)-(iii)
No 2 go to (b)

If Yes (1)

(i) What advice were you given?

None 0 go to (b)

(ii) Who gave you this advice?

G.P. 1
Hospital doctor 2
Other (specify) 3

(iii) When was this?

GIVE APPROXIMATE DATE(S)

date month year
(or part of mth.)

Ask all

(b) (May I just check?) Does your doctor (do your doctors) know what sort of job you do and what sort of work it involves?

Yes 1
No 2
Other answer (specify) 3

49. Have you been in touch with either of the following since you've been off sick (this time):
 PROXY EACH
 INDIVIDUALLY

local employment exchange 1 ask (a)(b)
 or Disablement Resettlement Officer? 2 ask (a)(b)
 Neither 3 go to Q.50

If in touch (1,2)

(4) Have you been advised to apply for a course of industrial rehabilitation or vocational training?

Yes, industrial rehabilitation 1 ask (1)(11)
 Yes, vocational training 2 ask (1)(11)
 No, neither 3 go to (b)

If Yes (1,2)

(1) When was this?

GIVE APPROXIMATE DATE

_____ date _____ month _____ year

(11) Have you applied?

Yes 1 ask (11)
 No 2 go to (b)

If Yes, applied (1)

(11) Has your application been accepted?

Yes 4 ask (iv)
 No 5 ask (v)
 Waiting to hear 6 go to (b)

If Yes, accepted (1)

(iv) When will you be starting the course?
 GIVE DATE

_____ date _____ month _____ year

Don't know yet 0

If No, not accepted (1)

(v) Why was your application not accepted?

NOW GO TO (b)

49. (cont.)

(b) What (else) has been done by the employment exchange (Disablement Resettlement Officer) to help you?

Nothing (else) 0 go to Q.50

(c) When was this?

GIVE APPROXIMATE DATES

_____ date _____ month _____

50. Have you ever been registered as a disabled person with the Department of Employment?

Yes 1 ask (a)
 No 2 go to Q.51

If Yes (1)

(a) Are you still on the register?

Yes 4 ask (1)
 No 5 ask (11)

If Yes (4)

(1) How long have you been registered?

_____ years _____ months _____ weeks
 (weeks required only if less than 3 mths.
 months required only if less than 3 years)

If No (5)

(11) Can you tell me why you are not registered now?

GO TO Q.51

51. Would you have liked any (other) advice or help about work?

0

Yes 1 ask (a)
No 2 go to Q.52

If Yes (1)

(a) What kind of advice or help and from whom?

ALL INFORMANTS

I'd like you to think back over the past ten years, that is, the period since 1962.

DNA - Informant has not worked at all since 1962 (Q.37)(X) 0 yrs. or more) 0 ask (c)

*52. (a) What were you doing ten years ago (in 1962)?

Were you:

RUNNING

PROMPT

working (full-time or part-time) } go to (b)
will full-time education } ask (i)
or not working? } ask (i)

If still in full-time education (2) or not working (3) in 1962

(1) When did you subsequently start work?

ENTER LAST TWO DIGITS OF YEAR 19 _____

Can't remember 99

52. (cont.)

(b) Can you remember how many different employers you have had during the past ten years/since _____ (year at (a) (1))?

Casual/freelance work with many different employers 11
Can't remember (other than code 11) 10
8, 7, 6, 5, 4, 3, 2, 1 } more employers 9
4, 3, 2, 1 } employees - ENTER NO.

ALL INFORMANTS

(If informant has not worked at all since 1962 (code 0 at main qn.) use alternative version in brackets)

(c) During the past ten years/since _____ (year at (a) (1)) have there been any other periods, apart from the present one, when you were not working for a month or more, either because of sickness or unemployment or for some other reason?

(During the past ten years, have there been any other periods of a month or more, apart from the present one, when the reason why you were not working was sickness or something else rather than unemployment?)

Yes 1 ask (1)-(iii)
No 2 go to Q.53

If Yes (1)

(i) Can you remember how many?

ENTER NO.

Can't remember 99

(ii) Roughly how long did these (this) last?

ENTER BELOW IN MONTHS

1st	2nd	3rd	4th	5th	6th
_____ mths.	_____ mths.	_____ mths.	_____ mths.	_____ mths.	_____ mths.
Can't remember	Can't remember	Can't remember	Can't remember	Can't remember	Can't remember
0 ber	0 ber	0 ber	0 ber	0 ber	0 ber

52. (cont.)
(iii) Were any of these breaks (was this break) due to sickness?

Yes 1 ask Q14(b)
No 2 go to Q.53

If Yes (1) :

(A) Which were these?
ENTER NOS. OF BREAKS IN BOX BELOW

(B) What was the matter with you?
FOR EACH BREAK DUE TO SICKNESS, RECORD NATURE
OF SICKNESS IN BOX BELOW

(A) No. of break	(B) Nature of sickness

ALL INFORMANTS EXCEPT THOSE UNABLE TO WORK AGAIN

DNA - Informant unable to work again ... X see Q.57

Now one or two general questions about work.
First of all, I'd like you to think about the sort of things
that are important to you personally in a job.

HAND SET OF CARDS '3' TO INFORMANT

53. Here is a set of cards
0 with various things that
people find important to
you to look through them
and tick the ones that are
first of all the card with
the item which seems most
important to you personally,
then the one which
is next most important
to you, and so on.

RECORD RANK
ORDER IN BOX

A	High wages or salary	Rank Order
B	Opportunities to use skills or qualifications	
C	Security of job	
D	Pleasant working companions	
E	Good working conditions	
F	Opportunities for promotion	
G	Being left to do things on your own	

(a) Is there anything else, apart from the things
we've mentioned, that is important to you
personally in a job?

No 1
Yes (specify) 2

SHOW CARD '4.

54. (a) Thinking about your present (last) job,
 0 how satisfactory is (was) it for you yourself
 in terms of each of these things?

Very Satisfactory	Fairly Satisfactory	Not Satisfactory	Don't know
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0
1	2	3	0

High wages or salary

Opportunities to use skills or qualifications

Security of job

Pleasant working companions

Good working conditions

Opportunities for promotion

Being left to do things on your own

PROMPT
EACH ONE

55. Assuming you were not ill and you had enough money to
 0 live on, would you prefer to be at home or at work?

Prefer to be at home 1
 Prefer to be at work 2
 DK/no preference 3 go to Q.56

If prefer to be at home/work (1,2)

(a) Why do you say that?

56. Some people go back to work before they are one hundred
 0 years old. Some people, with exactly the same
 illness, stay off longer.

HAND INFORMANT SET OF CARDS '51

Here is a set of cards, with a number of possible reasons
 why some people get back to work faster than others. I'd
 like you to look through them and give back to me the one
 which you think is the most likely reason, then the next
 most likely, and so on.

RECORD RANK ORDER IN BOX BELOW

	Rank Order
A Some people have a job to go back to, others have to find a new one	
B Some people have a big drop in income when they are sick, others do not	
C Some have many friends at work, others do not	
D Some feel bored at home, others do not	
E Some people enjoy their work, others do not	
F Some people are afraid of losing their job if they stay away too long	
G Some people's work piles up when they are away and they want to get back to get it done	
H Some people work in a group and do not like leaving the others to do extra work while they're away	

- (a) Is there anything else, apart from the things we've mentioned, that you think is a possible reason?

No 1
 Yes (specify) 2

MARRIED INFORMANTS

DNA - Non-married informants X go to Q.59

I'd like to talk now about how your illness (injury) has affected your wife (husband).

MARRIED MEN INFORMANTS

DNA - Married women informants Y go to Q.58

57. Did your wife have a paid job before you were off sick (this time)?

IF YES, CHECK WHETHER FULL-TIME OR PART-TIME

If Yes (1, 2)

(a) (May I just check?) Is she still working?

Yes 1 ask (1)(ii)
No 2 ask (1)(i) & (iv)

If Yes, still working (1)

(i) What is her present job?

Occupation

Industry

Self-employed 1
Employee 2

(ii) Has she changed her job or her hours of work, since you've been off sick (this time)?

PROPORT 45
NECESSARY
Changed job 1
Works longer hours 2 ask (iii) & (iv)
Works shorter hours 3
Other change (specify) 4

No, none of these 9 go to Q.59

57. (cont.)
I'd like to talk now about how your illness (injury) has affected your wife (husband).

(iii) When did she (give up work) (change her job/hours etc.)?

_____ date _____ month _____ year
(or part of month)

(iv) Did she (give up work) (change her job/hours etc.) because of your illness (injury) or for some other reason?

Husband's illness 1
Other reason (specify) 2

NOW GO TO Q.59

If No (3) to main question

(b) (May I just check?) Is she working now?

Yes 1 ask (i)-(iii)
No 2 go to Q.59

If Yes (1)

(i) Did she start work because of your illness (injury) or for some other reason?

Husband's illness 1
Other reason (specify) 2

(ii) When did she start work?

_____ date _____ month _____ year
(or part of month)

57. (cont.-)

(iii) What is her job?

Occupation	
Industry	

 Self-employed 1
 Employee 2

NOW GO TO Q.59

MARRIED WOMEN INFORMANTS

58. (a) What is your husband's job?

Occupation	
Industry	

 Self-employed 1
 Employee 2

(b) Has your husband's work been affected in any way as a result of your being off sick?

 Yes 1 see (i)
 No 2 go to Q.59

If Yes (1)

(i) In what way?

EFFECT OF SICKNESS ON INCOME

ALL INFORMANTS

59. (c) SIGN CARD '61

I'd like you to look at this card and tell me which of these sources of income you (and your wife/husband) have at present.

 RING APPROPRIATE CODES IN COLUMNS BELOW AND ASK CHECK QN.
 Do you (and your wife/husband) have any other sources of income?

(b) For each source: What was the net amount you received last week? (If not received weekly, enter last payment in box and record period covered on dotted line on left)

IF ALL ITEMS WEEKLY, AND UP TOTAL NET INCOME (S) LAST WEEK AND CHECK WITH INFORMANT

	INFORMANT				SPOUSE			
	R	I	N	E	R	I	N	E
	1	2	3	4	1	2	3	4
	NET AMOUNT	LAST WEEK	NET AMOUNT	LAST WEEK	NET AMOUNT	LAST WEEK	NET AMOUNT	LAST WEEK
	G	F	P	C	G	F	P	C
(a)								
Sick pay from employer	1	1	1	1	1	1	1	1
Wages or salary from employment	2	2	2	2	2	2	2	2
If self-employed, income from business, practice etc.	3	3	3	3	3	3	3	3
Income from casual work	4	4	4	4	4	4	4	4
Sickness benefit	5	5	5	5	5	5	5	5
Industrial injury benefit	6	6	6	6	6	6	6	6
Invalidity benefit	7	7	7	7	7	7	7	7
Attendance allowance	8	8	8	8	8	8	8	8
Industrial disablement pension	9	9	9	9	9	9	9	9
War disability pension	10	10	10	10	10	10	10	10
Family allowances	11	11	11	11	11	11	11	11
Family income supplement	12	12	12	12	12	12	12	12
Educ. grant for maintenance of children at school	13	13	13	13	13	13	13	13
National Insurance retirement pension	14	14	14	14	14	14	14	14
Unemployment benefit	15	15	15	15	15	15	15	15
Maternity allowance	16	16	16	16	16	16	16	16
Widow's pension or allowance	17	17	17	17	17	17	17	17
Supplementary allowance	18	18	18	18	18	18	18	18
Former employer's pension	19	19	19	19	19	19	19	19
Interest from Building Society, Post Office, shares etc.	20	20	20	20	20	20	20	20
Income from trade union, friendly society or charitable organization	21	21	21	21	21	21	21	21
Regular cash help from relatives, friends outside the household	22	22	22	22	22	22	22	22
Contributions from working children and other relatives in the household (NET PROFIT)	23	23	23	23	23	23	23	23
Payments from boarders in the household (NET PROFIT)	24	24	24	24	24	24	24	24
Rent from lodgers, sub-tenants of this house (" ")	25	25	25	25	25	25	25	25
Other source(s) (describe)	26	26	26	26	26	26	26	26
Total net income last week								

61. (a) For each source coded at Q.59: You said you (your wife/husband) received (amount) in (source) last week. Has it been the same amount all the time you've been off sick?
 RING APPROPRIATE CODES IN COL. (a) OF BOX BELOW

(b) Have you, at any time since you've been off sick, received any money from any other sources, apart from those you're receiving now?
 RING APPROPRIATE CODE(S) IN COL. (b) OF BOX BELOW.

FOR EACH SOURCE CODED 'NOT' AT (a) OR MENTIONED AT (b) ASK:

DWA - no changes in income ... X go to Q.62

(c) (i) When did it change (stop)?

(ii) For each change: How much did you receive before that?

RECORD ANSWERS BELOW, USING A SEPARATE BOX FOR EACH SOURCE

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)
See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	See next page	
X	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
X	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
X	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
X	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
X	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
X	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
X	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
X	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
X	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	
X	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	
X	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
X	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	
X	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	
X	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	
X	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	
X	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
X	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
X	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
X	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
X	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
X	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	
X	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	
X	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	
X	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	
X	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	
X	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	26	

See other sources ... X

1.	2.	3.
OFFICE USE	OFFICE USE	OFFICE USE
- 49 -	- 50 -	

ALL INFORMANTS

Now I'd like to talk about your income before you became ill and had to stop work.
 62. WHICH OF THESE CODES OF INCOME DID YOU (AND YOUR WIFE/HUSBAND) HAVE THEN?
 RING APPROPRIATE CODE(S) IN COLS. BELOW AND ASK CHECK QN.
 Did you have any other sources of income?

(b) For each source: What was the net amount you usually received per week?
 (If not received weekly, enter last payment in box and record period covered on dotted line on left.)

IF ALL ITEMS WEEKLY, ADD UP TOTAL NET INCOME(S) PER WEEK AND CHECK WITH INFORMANT

INFORMANT	SPOUSE	INFORMANT	SPOUSE
1	2	1	2
NET AMOUNT BEFORE SICK	NET AMOUNT BEFORE SICK	NET AMOUNT BEFORE SICK	NET AMOUNT BEFORE SICK
C	F	C	F
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26

Total usual net income per week (before off sick)

OFFICE USE	OFFICE USE
- 50 -	

INTERVIEWER: CHECK WITH Q.59. IF CODED 3, 9, 18 or 25 IN EITHER COLUMN, ASK Qs 63-66 AS APPROPRIATE.

DNA - not coded 3, 9, 18 or 25 at Q.59 Y go to Q.69

INCOME FROM BUSINESS ETC. (Q.59, code 3)

DNA - no income from business X see Q.64

INFORMANT	SPOUSE
£ _____	£ _____
IF TAX NOT KNOWN, RING 9 9	9
(b) How much a week do (did) you usually take out of the business (including the value of goods, if any):	
(i) now? £ ____/____p	£ ____/____p
(ii) before you were off sick? £ ____/____p	£ ____/____p

INDUSTRIAL DISABILITY PENSION (Q.59 code 9)

DNA - no industrial disability pension X see Q.65

64. Does your (your wife's/husband's) industrial disability pension include any additions, such as the special hardship allowance?

Yes 1 ask (c)
No 2 see Q.65

If Yes (1)

(a) What are they?

PROMPT AS NECESSARY

Special hardship allowance 4
Hospitality 5
Constant attendance allowance 6
Exceptionally severe disability allowance 7
Hospital treatment allowance 8

SUPPLEMENTARY ALLOWANCE (Q.59 code 18)

DNA - no supplementary allowance X see Q.66

65. For how many weeks have you (your wife/husband) drawn a supplementary allowance?

No. of (complete) weeks _____

RENT FROM LODGERS, SUB-TENANTS (Q.59 code 25)

DNA - no rent from lodgers, sub-tenants X see Q.69

66. (a) How many sub-tenancies are there?

No. of sub-tenancies _____

(b) How much rent do you (your wife/husband) receive before deducting expenses?

£ ____/____p

per (period)

(c) How many sub-tenancies are provided with:

(i) lighting? _____

(ii) heating? _____

(iii) furnishing? _____

INFORMATION ON INCOME REFUSED - ASK Q.68

ALL OTHERS - SEE Q.69

68. Could you just tell me whether your present income is more or less than your income before you were off sick, or is it about the same?

More 1
Less 2
About the same 3

MARRIED MEN RECEIVING INVALIDITY BENEFIT (Q.59 code 7)

BMA - married men not receiving invalidity benefit, single men, single and married women

69. Does your invalidity benefit include a dependant's allowance for your wife?

If No (2)

(a) Have you claimed an allowance for her?

Yes 1 go to Q.70
No 2 ask (i)

If NO (2) at (a)

(i) Did you not claim because you thought her earnings were too high or for some other reason?

Earnings too high 1 ask (A)&(B)
Other reason (specify) 2 go to Q.70

If earnings too high (1)

(A) What did you think the earnings limit was?

£ / p

(B) How did you find out about this?

ALL INFORMANTS

Whether people have any savings or not can make a big difference to them when they are off sick.

70. Do you (and your wife/husband) have any savings? (including money in the bank, building society, National Savings, stocks and shares, and property other than this dwelling/house)

Yes 1 ask (a)
No 2 go to Q.71

If Yes (1)

(a) Taken altogether, would you say that (not counting this house if owned) you (and your wife/husband) have:

Less than £325 1
£325 - £2,500 2
Over £2,500? 3

RUNNING
PROMPT

71. Have you had to use any savings because you have been off sick?
(Did you have any savings which you had to use up because you were off sick?)

Yes 1 ask (a)
No 2 go to Q.73

If Yes (1)

(a) How much have you used?

£

(we've been talking about your income) How I'd like to ask you a few questions about expenses.

INFORMANTS WHOSE SPOUSE IS WORKING DWA - non-married informants/
spouse not working

73. (a) How much a week does it cost your wife/husband to travel to work?

Nil 0

£ / p per week

(b) Does she/he have any other expenses in connection with her/his work?

Yes 1 ask (1)
No 2 go to Q.74

If Yes (1)

(i) What are they?

RECORD NATURE OF ITEM(S) IN BOX BELOW.
FOR EACH ITEM, GIVE AMOUNT AND PERIOD.

Nature of item	OFFICE USE	Amount		Period
		£	p	

ALL INFORMANTS

74. Are you taking any medicine, tablets, drugs or using ointments at present for (complaining)?

If No (2)

(a) Have you done so at any time since you've been off sick?

Yes 1 go to (b)
No 2 ask (a)

If Yes (3)

(i) When did you stop (taking medicine/tablets/drugs/using ointments)?

_____ date _____ month _____ year

If taking medicines etc. now or previously (code 1 at main au. or code 3 at (a))

(b) Do (did) you get all, some or none of them on a doctor's prescription?

All 1 ask (d)(e)
Some 2 ask (f)
None 3 ask (G)(e)

If some/none prescribed (2,3)

(c) On average, how much do (did) you spend a week on things for yourself which are (were) not prescribed?

_____ p

If all/some prescribed (1,2 at (b))

(d) For the things that are (were) prescribed, are (were) you asked for payment or can (could) you claim it back, or do (did) you have to pay anything yourself?

Example/claim back 1 go to (e)
Have to pay 2 ask (f)

If have to pay (2)

(i) Do (Did) you pay for each prescription or do (did) you have a 'season ticket'?

Pay for each 3 ask (ii)

PROMPT AS
NECESSARY

Season ticket (6 mths) 4
Season ticket (12 mths) 5 go to (e)

If pay for each (3)

(ii) Could you tell me for each item that you are (were) taking or using, how long it lasts (lasted) and how much it costs (cost)?

Nature of item	How lasts	Cost of item		OFFICE USE
		Top	Other	

ALL WHO ARE TAKING OR HAVE TAKEN MEDICINES ETC.

(e) Have (had) you (been exempt) (had a season ticket) (been paying the same amount(s)) all the time you've (you d) been off sick?

Yes 1 go to Q.75
No (specify) 2

GIVE APPROX. DATES OF ALL CHANGES
PROBE FOR ALL CHANGES IN AMOUNTS PAID.
SPECIFYING EACH ITEM, COST AND HOW LONG IT LASTED

75. Do you have any extra expenses due to your (complaint) for any of the following?

PROMPT EACH INDIVIDUALLY. FOR EACH EXPENSE THAT APPLIES, RECORD ESTIMATED EXTRA WEEKLY AMOUNT IN BOX BELOW AND ASK (a)

(a) How long have you been paying this amount?

	Est. extra weekly amount	(a) How long?
travel expenses to hospital, G.P. etc? ... 1	£ / p	_____ mths _____ wks
domestic help? 2	£ / p	_____ mths _____ wks
heating? 3	£ / p	_____ mths _____ wks ask (b)
special diets? 4	£ / p	_____ mths _____ wks
laundry? 5	£ / p	_____ mths _____ wks
anything else? (specify) 6	£ / p	_____ mths _____ wks
None of these		

(b) Have you, at any time since you've been off sick, had any (other) extra expenses which you do not have now? (expenses due to your (complaint))

Yes 1 ask (i)(ii)
No 2 go to Q.76

If Yes (1)

(i) What were they?
(ii) Give dates of each item(s) and estimated extra weekly amount(s)

FOR EACH ITEM ASK:
(ii) Give dates of each item(s) and estimated extra weekly amount(s) were you paying this amount?
(iii) GIVE DATES IF POSSIBLE

76. As far as money is concerned, have you (or your family) found it difficult to manage on your income while you have been off sick?

Yes 1 ask (a)-(c)
No 2 go to Q.77

If Yes (1)

(a) Would you say you have found it difficult or very difficult?

Difficult 1
Very difficult 2

(b) Have you had to cut down your spending on certain things?

Yes 1 ask (i)(ii)(c)
No 2 go to (c)

If Yes (1)

(i) What sort of things have you had to cut down on?

(c) (Apart from cutting down your expenditure) how have you managed?

77. Have you (and your wife/husband) any regular financial commitments at present, such as hire purchase, insurance, clothing clubs etc.?

Yes 1 ask (a)
No 2 see Q.78

If Yes (1)

(a) What are they?

RECORD NATURE OF COMMITMENT(S) IN BOX BELOW.
FOR EACH COMMITMENT, GIVE AMOUNT AND PERIOD.

Nature of commitment	OFFICE USE		Amount		Period
	E	P	E	P	

INTERVIEWER: CHECK WITH Q.76

Informant has had financial difficulty
No financial difficulty (Q.76, code 1) Y see Qs.78 & 79
code 2) X go to Q.80

INFORMANTS NOT RECEIVING SUPPLEMENTARY ALLOWANCE (Q.59,
code 18 not ringed in either column)

DNA - receiving supplementary allowance 0 see Q.79

78. Have you applied for supplementary benefit while you have been off sick?

Yes 1 ask (a)
No 2 ask (b)

If Yes (1)

(a) Do you know why your application was refused?

If No (2)

(b) Can you tell me why you haven't applied?

Husband working full-time 1
Other answer (specify) 2

- 59 -

INFORMANTS WITH CHILDREN AT SCHOOL

DNA - no children at school X go to Q.80
79. Since you've been off sick, have you applied for free school dinners for any of the children?

Yes 1 ask (a)
No 2 ask (b)

If Yes (1)

(a) Was your application successful?

Yes 1 go to Q.80
No 2 ask (1)
Haven't heard yet 3 go to Q.80

If No (2) at (a)

(1) Do you know why not?

If No (2)

(b) Can you tell me why you haven't applied?

ALL INFORMANTS

80. Since you've been off sick, have you received a tax rebate?

Yes 1 ask (a)&(b)
No 2 go to (c)

If Yes (1)

(a) How much did you receive?

£ / p

(b) Was it paid automatically or did you apply for it?

Paid automatically 1 go to Q.81
Applied for it 2 ask (1)

If applied for it (2)

(1) How long did you have to wait before you received the rebate?

..... weeks

NOW GO TO Q.81

- 60 -

If No (2) at main en.

(c) Have you applied for one?

If Yes (1)

(1) Was your application successful?

Yes 1 ask (1)
 No 2 go to (11)

Yes 1 ask (A)
 No 2 ask (B)
 DK 3 ask (A)

If Yes, DK (1,3) at (1)

(A) How long ago did you apply?

_____ weeks

If No (2) at (1)

(B) Do you know why your application was not successful?

No 1
 Yes (specify) 2

82. Tenure of accommodation
 (Use circle or square if in household)

Owner occupier, with mortgage etc. 1 0s.43.84 ask
 Owner occupier, owns outright 2 Q.84 go to
 LA or council tenant 3 go to
 Rented, not council, furnished 4 0s.55.86
 Rented, not council, unfurnished 5
 Boarder 6 go to
 Boards with parents/other close relative 7 Q.87
 Lives rent-free (describe) 8 Q.88 go to
 Other (describe) 9 go to Q.87

If No (2) at (c)

(11) Can you tell me why you haven't applied for one?

HOUSING

ALL INFORMANTS

Housing is an important part of people's lives. We should like to know something about the amenities and housing problems that sick people and their families have.

81. Type of accommodation for use of household

Whole house 1
 Bungalow 2
 Semi-detached house 3
 Rooms in house/bedsitter 4
 Hotel, boarding house 5
 Other (specify) 9

All owner occupiers (Q.82, codes 1 and 2)

84. Do you pay ground rent, chief rent (ten duty, ground annual, other annual burdens) or other regular maintenance charges?

Yes 1 ask (a)
 No 2 go to Q.88

(a) How much in a year?

£ _____ / _____ p
 GO TO Q.88

85. (a) How much rent do you pay for this accommodation (including any rooms you sublet)?

£ _____ / _____ p

(b) Over what period?

IF RENTS PRIVATELY GO TO Q.86
 IF RENTS FROM COUNCIL, L.A., ASK (c)-(e)

(c) Do you have a rent holiday?
 Yes 1 ask (d)
 No 2 go to (c)

(d) For how many weeks of the year?
 _____ weeks

(e) Did you receive a rent rebate from the council in connection with your last rent payment?

Yes 1 ask (f)
 No 2 go to Q.86

(f) (1) How much rebate was granted?

£ _____ / _____ p
 (11) How long a period did this cover?

(11) Is the amount for rent you mentioned earlier before or after this rebate has been deducted?

Before 1 go to Q.86
 After 2 Q.86

86. Does the rent include any of the following items?

- light 1
heat 2
fuel for cooking 3
EACH 4
ITEM 5
dom. service/service 6
charge 7
Other items (specify) 8
None of these 0

NOW GO TO
Q.88

If boarder, boards with parents/
other close relative, other
(Q.82, codes 6, 7 or 9)

87. How much do you pay for
board and lodging (your
accommodation)?

£ / p

(a) Over what period?

.....

If boarder (Q.82, code 6)

(b) How many meals a day
does this payment cover?

ALL INFORMANTS

Payment of rates (informant
or spouse)

88. Do you make a separate
payment for rates?

Yes 1 ask (a)
No, included in 2 ask (b)
rent/board

(a) How much did you pay
in rates (including
water rate) last time?

£ / p

(i) How long a period
did this cover?

.....
(b) Did you receive a
rates rebate in
connection with your
last payment?

Yes 1 ask (c)
No 2 go to
(d)

(c) How much was the last
rates rebate?

£ / p

(i) How long a period
did this cover?

.....
(ii) Is the rates
payment you
received before
or after this
rebate has been
deducted?

Before 1 go to
After 2 Q.89

(d) Have you applied for
a rates rebate (for
this year?

Yes, granted (for
next payment) 1 go to
Yes, not heard yet 2 Q.89
No 3

Household's amenities

89. (a) How many bedrooms do you have for the use
of your household?

(b) And how many living rooms do you have for
the use of your household?

90. Is there a separate kitchen?

Yes 1
No 2

91. Is there a separate bathroom?

Yes 3
No 4

92. Is there an inside lavatory?
(ie, access from inside house)

Yes 5
No, outside only 6

93. Do you share any of these rooms with any
other household?

Yes 7

IF YES, ENTER OR CODE IN 'SHARED' COLUMN

No 7

94. Do you have a hot water supply?

Yes 1 go to Q.95
No 2 ask (i)

If No (2)

(i) How do you heat your water?

Kettle, Pan on stove 4 go to
Boiler, electric 5 go to
Other (describe) 6 Q.95

95. Since you've been off sick (this time) have you moved or changed your accommodation in any way?

No 1 go to Q.96
Yes, moved 2 ask (a)
Yes, other change (specify) 3

If Yes (2,3)

(a) Was this because of your (complaint) or for some other reason?

Complaint 5 ask (i)
Other reason 6 go to Q.96

If because of complaint (5)

(i) When was this?

GIVE DATE

_____ date _____ month _____ year
(or part of month)

(ii) Why did you have to (move) (other change)?

If moved because of complaint (code 2 at main, question and code 5 at (i))

(iii) How much were you paying for your accommodation (rent/mortgage repayments and rates)

£ _____ / _____ p

per (period)

96. (a) Is there a telephone in the household?

Yes 1
No 2

(b) Is there a television in the household?

Yes 3
No 4

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97. Does anyone in the household have a car or van? (include use of firm's car)

If Yes (1)

(a) Who does?

Self 3
Spouse 4
Other person (specify) 5

(b) Can I just check? How many cars or vans are there altogether?

ENTER TOTAL NO. OF CARS/VANS

If neither self nor spouse has car or van (code 2 at main question or code 5 only at (a))

DMA - code 3 or 4 at (a) X go to Q.98

(c) Did you (or your wife/husband) have a car or van before you became ill (this time)?

Yes, self 1 ask (i)(ii)
Yes, spouse 2 ask (i)(ii)
No 3 go to Q.98

If Yes (1,2)

(i) When did you give it up?

GIVE DATE

_____ date _____ month _____ year
(or part of month)

(ii) Did you (your wife/husband) give it up because of your illness (injury)?

Yes 1 ask (A)
No 2 go to Q.98

If Yes (1)

(A) Was this for financial reasons or some other cause? PROBE FULLY

- 66 -

96. Is there anything else you would like to say that we have not discussed? (If you have, please describe your illness (injury) has affected you (and your family)?

No 1
Yes (specify) 2

INTERVIEWER

Time interview ended _____

ADDITIONAL/ALTERNATIVE QUESTIONS
FOR NON-SICK INFORMANTS

ALL INFORMANTS

9. Are you quite better now or are you still suffering from (complaint) or its after-effects?

Quite better now 1 go to Q.12
Still not well (specify) 2 ask Q.10 & 11

MEDICAL CARE
ALL INFORMANTS

I'd like to ask a few questions now about the kind of medical care you have received.

12. (a) (i) First of all, how often did you see your own doctor (family doctor) before you were signed off?
CODE ANSWER IN COL. (i) BELOW

(ii) And how often do you see him now?
CODE ANSWER IN COL. (ii) BELOW

More than once a week (i) 1
Once a week (ii) 2
Every 2 weeks 3
Every 4 weeks/month 4
Every 13 weeks/3 months 5
Other (specify) 6

Not at all 9

(b) When you go and see him, do you usually have to make an appointment first?

(SPONTANEOUS) Doctor always visits 1
No 2
No 3

ALL INFORMANTS

I'd like to talk now about the kind of work you were doing before you were signed off sick (the last previous time) and what has happened, as regards work, since you were signed off by the doctor.

37. (a) First of all, just before you were off sick were you:

working full-time 1 go to (b)
working part-time 2
unemployed 3 ask (i)
or doing something else? 4
(specify)

If unemployed, doing something else (3,4)
(i) How long ago did you last work?

_____ years _____ months _____ weeks
(weeks required only if less than 3 months
months required only if less than 3 years)

(b) And may I just check? Are you now:

working full-time 1 WORKING
working part-time 2 ask Q.38
unemployed 3 NON-
retired 4 WORKING
sick 5 go to Q.40
or doing something else? (specify) 6

WORKING INFORMANTS WHO WERE ALSO WORKING BEFORE OFF SICK
(CODES 1 or 2 at Q. 37(b) AND (b))

DNA - not working before off sick X go to Q.40

39. Is this the same job, with the same employer, as before you were off sick?

Same job, same employer 1 go to Q.41
Different employer 2
Same job, different employer 3 ask Q.40
Different job, different employer 4

WORKING INFORMANTS, IF DIFFERENT JOB/EMPLOYER (Q.39, codes 2-4)

DMA X see Q.45

44. (a) Can you tell me why you didn't go back to your previous job?

Previous job not kept open 1
Other reason (specify) 2

40. (a) What was your last job before you were off sick?

Occupation	Industry
------------	----------

Self-employed 1
Employee 2(b) How many hours a week did you usually work?
(excluding meal breaks)

No set pattern of work/hours vary 0

Number of hours ...

If has qualifications/training
(code 1 at Q.33, 35 or 36) DMA - no qualifications/
training X go to Q.41(c) Would you say that you were using (any of) your
0 qualifications in this job?Yes 1
No 2
Other answer (specify) 3

(b) Did you have any difficulties in getting a suitable job?

Yes 1 ask (1)
No 2 go to (c)

If Yes (1)

(1) What were the difficulties?

(c) Were you able to start work as soon as you were signed
off by the doctor?Yes 1 see Q.45
No 2 ask (1)

If No (2)

(1) When did you start work?
GIVE DATE

_____ date _____ month _____ year

WORKING INFORMANTS IF SAME EMPLOYER (Q.39, codes 1,2 exclusive self-employed)

DNA X see Q.46

45. (a) Did your employer do anything to make it easier for you to go back to work, such as arranging for shorter hours or lighter work?

Yes 1 ask (1)
No 2 go to (b)

If Yes (1)

(1) What did he do?

(b) Do you think (anything else) (anything like this) would have made it easier for you to go back to work?

Yes 1 ask (1) & (c)
No 2 see (c)
DK 3

If Yes (1)

(1) What sort of thing would have made it easier?

If arrangements were made (code 1 at main mn.) or would have made it easier (code 1 at (b))

DNA - no arrangements mentioned X go to Q.47

(c) Do you think the people you work with had (would have had) any views about these arrangements?

Yes 1 ask (1)
No 2 go to
DK 3 Q.47

If Yes (1)

(1) What kind of views do you think they had (would have had)?

54. (cont.)

WORKING INFORMANTS IF DIFFERENT JOB/EMPLOYER (Q.39, codes 2-4)

(b) Could you think back to your last job before you were off sick. How satisfactory do you feel it was in these terms?

	Very Satisfactory	Fairly Satisfactory	Not Satisfactory	Don't know
High wages or salary	1	2	3	0
Opportunities to use skills or qualifications	1	2	3	0
Security of job	1	2	3	0
Pleasant working companions	1	2	3	0
Good working conditions	1	2	3	0
Opportunities for promotion	1	2	3	0
Being left to do things on your own	1	2	3	0

INTERVIEWER: CHECK WITH Qs. 59 and 60. IF INFORMANT/ SPOUSE
CODED 3, 9, 18 or 25, ASK Qs. 63-66 AS APPROPRIATE

DNA - not coded-3,9,18 or 25
at Qs. 59 or 60 Y see Q.67

INCOME FROM BUSINESS ETC. (Qs. 59 or 60, code 3)

DNA = no income from business X see Q.64

63. (a) How much was your (and your wife's/husband's)
total income in the LAST FINANCIAL YEAR from
(business, etc.) AFTER DEDUCTING BUSINESS
EXPENSES AND TAX?

IF TAX NOT KNOWN, RING 9 9

(b) How much a week do (did) you usually take out
of the business (including the value of
goods, if any):

(i) now?

(ii) when you were off sick?

(iii) before you were off sick?

(We've been talking about your income) Now I'd
like to ask you a few questions about expenditure, both when you
were off sick and now.

WORKING INFORMANTS (Q.37(b), codes 1,2)

DNA - non-working informants X see Q.73

72. (a) How much a week does it cost you to travel to work?

Nil 0

(b) Do you have any other expenses in connection
with your work?

£ p per week

Yes 1 ask (i)

No 2 see Q.73

If Yes (1)

(i) What are they?

RECORD NATURE OF ITEM(S) IN BOX BELOW
FOR EACH ITEM, GIVE AMOUNT AND PERIOD

Nature of item	OFFICE USE	Amount £	p	Period

59(a)

	INFORMANT (b)				SPOUSE			
	R	NET AMOUNT LAST WEEK	R	NET AMOUNT LAST WEEK	R	NET AMOUNT LAST WEEK	R	NET AMOUNT LAST WEEK
(a)								
Sick pay from employer	1		1		1		1	
Wages or salary from employment	2		2		2		2	
If self-employed, income from business, practice etc.	3	DNA	3	DNA	3	DNA	3	DNA
Income from casual work	4		4		4		4	
Sickness benefit	5		5		5		5	
Industrial injury benefit	6		6		6		6	
Invalidity benefit	7		7		7		7	
Attendance allowance	8		8		8		8	
Industrial disablement pension	9		9		9		9	
War disability pension	10		10		10		10	
Family allowances	11		11		11		11	
Family income supplement	12		12		12		12	
Educ. grant for maintenance of children at school	13		13		13		13	
National insurance retirement pension	14		14		14		14	
Unemployment benefit	15		15		15		15	
Maternity allowance	16		16		16		16	
Widow's pension/or allowance	17		17		17		17	
Supplementary allowance	18		18		18		18	
Former employer's pension	19		19		19		19	
Interest from Building Society, Post Office, shares etc.	20		20		20		20	
Income from trade union, friendly society or charitable organisation	21		21		21		21	
Regular cash help from relatives, friends outside the household	22		22		22		22	
Contributions from working children and other relatives in the household (NET PROFIT)	23		23		23		23	
Payments from boarders in the household (NET PROFIT)	24		24		24		24	
Rent from lodgers, sub-tenants of this house (" ")	25		25		25		25	
Other source(s) (describe)	26		26		26		26	
Total NET income last week								

If wages/salary from employer received (code 2 in either
column)

(c) What was your gross wage (salary) last

week (other period)?

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Appendix VI The fifth sample

We have already mentioned in Chapter 1 the reservations we have about the information from the fifth sample. It is also most important to remember that is not directly comparable with the other samples as retired people were excluded. In this appendix we show tables for the fifth sample corresponding to the main tables already given for the other four samples in Chapter 2.

Table VI (i)
Age and sex distribution of the fifth sample

	Male	Female	Total
	%	%	%
Under 30	10	31	13
30 - 39	11	11	11
40 - 49	20	22	20
50 - 59	37	33	36
60 and over	22	3	20
	<hr/> 100	<hr/> 100	<hr/> 100

Base: (221) (36) (257)

86% of the fifth sample were males and 14% females.

Table VI (ii)
Whether fifth sample informants had had a previous occurrence of their illness

	%
First occurrence	42
Previous occurrence	58
	<hr/> 100

Base: (257)

Table VI (iii)

Complaints which kept informants in the fifth sample off work

	%
Infective and parasitic diseases	3
Neoplasms	1
Endocrinal, metabolic and nutritional disorders	2
Diseases of blood and blood forming organs	1
Mental disorders	11
Diseases of sense organs	3
Diseases of nervous system	3
Diseases of circulatory system	27
Diseases of respiratory system	13
Diseases of digestive system	12
Diseases of genito-urinary system	4
Complications of pregnancy	2
Diseases of skin and subcutaneous tissue	3
Diseases of bone and organs of movement	16
Accidents	23
Amputations	*

Base:

(257)

Table VI (iv)

Working status of fifth sample immediately prior to illness

Working full time	90
Working part time	3
Unemployed	6
Other	*
	<hr/> 100

Base:

(257)

Table VI (v)

Skill level of job before illness of fifth sample

	%
Professional/managerial	8
Other non-manual	14
Skilled manual	40
Semi-skilled manual	27
Unskilled manual	11
Other	*
	<hr/> 100

Base:

(257)

Table VI (vi)

Physical nature of job before illness of fifth sample

	%
Heavy outdoor work	26
Heavy indoor work	25
Medium outdoor work	7
Medium indoor work	31
Light work	12
Unclassifiable	*
	<hr/> 100

Base: (257)

Table VI (vii)

Education and training of fifth sample

	%
Formal qualifications	17
Further education	18
Formal job training	47
Training or qualifications	53

Base: (257)

(percentages do not add to 100)



Appendix VII
Additional tables

Table VII(i)

Whether informants have a job to return to and whether they expect to return, by age
(Base: sick informants working before illness who may return to work)

	Sample															
	1 month				3 months				6 months				12 months			
	Under 30	30-39	40-49	50-59	60 +	Under 30	30-39	40-49	50-59	60 +	Under 30	30-39	40-49	50-59	60 +	
Expect to return to same type of work with same employer	72	65	72	72	64	39	51	54	49	53	40	28	28	32	38	
Expect to return to same employer but different work	10	8	12	14	8	12	14	18	22	13	6	20	13	16	12	
Job may be kept open but do not expect to return	4	8	2	3	5	16	2	7	5	8	2	4	11	7	6	
Total with job kept open	86	81	86	89	77	67	67	79	76	74	48	52	52	55	56	
Job not open or DK	11	16	12	10	12	31	33	16	19	16	49	47	43	40	28	
If job open	3	3	1	2	12	1	2	6	4	10	2	2	5	5	17	
Given up job/retired	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
Base:	(78)	(63)	(63)	(126)	(86)	(72)	(69)	(107)	(174)	(115)	(47)	(51)	(101)	(182)	(130)	
											(35)	(46)	(96)	(177)	(151)	

Table VII (11)
Whether informants have a job to return to and whether they expect to return, by sex
(Base: sick informants working before illness who may return to work)

	1 month		3 months		6 months		12 months	
	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %
Expect to return to same type of work with same employer	70	64	52	37	34	30	14	24
Expect to return to same employer but different work	11	9	18	8	15	7	11	6
Job may be kept open but do not expect to return	4	5	6	12	6	9	9	9
Total with job kept open	85	78	76	57	55	46	34	39
Job not open or don't know if job open	11	16	19	34	38	47	54	54
Given up job/retired	4	6	5	8	8	6	12	6
	100	100	100	100	100	100	100	100
Base:	(270)	(65)	(45)	(74)	(416)	(96)	(436)	(79)

Table VII(iv)
Whether informants have a job to return to and whether they expect to return, by how heavy their job is
(Base: sick informants working before illness who may return to work)

	Sample											
	1 month				3 months				6 months			
	Heavy out- door	Heavy in- door	Medium out- door	Medium in- door	Heavy out- door	Heavy in- door	Medium out- door	Medium in- door	Heavy out- door	Heavy in- door	Medium out- door	Medium in- door
	%	%	%	%	%	%	%	%	%	%	%	%
Expect to return to same type of work with same employer	60	74	68	77	42	52	55	56	49	36	25	30
Expect to return to same employer but different work	17	14	9	0	29	21	10	7	10	19	18	14
Job open but do not expect to return	7	2	4	4	6	6	7	10	5	7	6	2
Total with job open	84	90	81	81	77	79	72	73	64	62	49	46
Job not open or D.K. if job open	12	10	14	12	18	16	21	24	29	33	39	50
Retired-given up job	4	1	6	7	4	6	7	3	8	5	12	5
	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(105)	(130)	(126)	(72)	(146)	(112)	(42)	(139)	(86)	(138)	(63)	(46)
				(87)					(154)		(140)	(50)
											(163)	(110)

Table VII (v)
Whether informants have a job to return to and whether they expect to return, by whether they have any training or qualifications
(Base: sick informants working before illness who may return to work)

	Sample							
	1 month		3 months		6 months		12 months	
	Training qualifi- cations %	None %	Training qualifi- cations %	None %	Training qualifi- cations %	None %	Training qualifi- cations %	None %
Expect to return to same type of work with same employer	73	64	50	49	32	34	15	16
Expect to return to same employer but different work	9	13	20	14	13	14	8	13
Job may be kept open but do not expect to return	5	3	6	9	8	5	10	8
Total with job kept open	87	80	76	72	53	53	33	37
Job not kept open or don't know if job open	10	15	20	22	40	38	57	52
Given up job/retired	3	5	5	5	7	8	11	10
	100	100	100	100	100	100	100	100
Base:	(244)	(191)	(269)	(271)	(251)	(261)	(224)	(280)

Table VII (v1)
Whether informants have a job to return to and whether they expect to return, by whether their complaint has occurred before
(Base: sick informants working before illness who may return to work)

	Sample							
	1 month		3 months		6 months		12 months	
	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %
Expect to return to same type of work with same employer	74	66	56	45	39	30	17	15
Expect to return to same employer but different work	14	9	19	15	18	11	11	11
Job may be kept open but do not expect to return	5	4	7	7	9	5	11	8
Total with job kept open	93	79	82	67	66	46	39	34
Job not kept open or don't know if job open	4	18	15	26	32	43	56	53
Given up job/retired	3	4	3	6	3	10	6	13
	100	100	100	100	100	100	100	100
Base:	(135)	(250)	(223)	(307)	(195)	(317)	(174)	(340)

Table VII (vii)
What happened to informants after illness, by age
(Base: Informants who were no longer sick)

	Sample										fifth sample									
	1 month					3 months					6 months					Under 30				
	Under 30	30-39	40-49	50-59	60+	Under 30	30-39	40-49	50-59	60+	Under 30	30-39	40-49	50-59	60+	Under 30	30-39	40-49	50-59	60+
Returned to same employer and same type of work	73	79	82	87	76	42	64	71	72	56	44	56	50	29	25	34	39	41	34	
Returned to same employer but different type of work	2	0	5	2	2	1	4	6	11	2	8	12	26	12	6	0	12	17	16	
Returned to different employer/working but not previously	14	12	4	7	9	29	16	16	8	10	26	17	9	2	34	28	33	33	26	
Total working	89	91	91	96	87	72	84	93	91	68	78	85	85	43	65	62	84	91	76	
Became unemployed	9	7	7	3	8	16	7	6	8	10	16	15	13	10	22	31	14	8	12	
Gave up work	2	2	2	1	5	12	9	1	1	22	6	0	2	47	13	7	2	1	12	
	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Base:	(152)	(105)	(108)	(134)	(87)	(74)	(45)	(80)	(99)	(58)	(50)	(41)	(55)	(41)	(38)	(30)	(52)	(93)	(50)	

Table VII (viii)
What happened to informants after illness, by sex
(Base: informants who were no longer sick)

	Sample							
	1 month		3 months		6 months		fifth sample	
	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %
Returned to same employer and same type of work	82	76	66	39	45	42	38	31
Returned to same employer but different type of work	2	2	6	2	16	10	14	3
Returned to different employer/working now but not previously	9	10	15	19	15	13	31	32
Total working	93	88	87	60	76	65	83	66
Became unemployed	6	7	9	14	12	19	13	20
Gave up work	1	5	4	26	12	16	4	14
	100	100	100	100	100	100	100	100
Base:	(447)	(136)	(294)	(62)	(158)	(31)	(221)	(35)

Table VII (x)
What happened to informants after illness, by whether their complaint has occurred before
(Base: informants who were no longer sick)

	Sample							
	1 month		3 months		6 months		Previous occurrence	
	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %	1st occurrence %	Previous occurrence %
Returned to same employer and same type of work	84	75	64	59	50	41	33	39
Returned to same employer but different type of work	1	3	7	4	20	11	17	9
Returned to different employer/working now but not previously	9	11	20	20	8	20	34	30
Total working	<u>94</u>	<u>89</u>	<u>82</u>	<u>83</u>	<u>8</u>	<u>72</u>	<u>84</u>	<u>78</u>
Became unemployed	4	9	9	10	14	13	11	16
Gave up work	2	2	9	7	8	15	5	6
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
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